

MAY 1947

Oral Hygiene

In This Issue:

CHILD PSYCHOLOGY AT THE DENTAL CHAIR

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An illustration of three dental handpieces. One is a straight handpiece at the top left, another is a straight handpiece below it, and a third is a contra-angle handpiece at the bottom left. They are all shown in a vertical orientation.

Sani-Terry HANDPIECES

**ACCURATE, TRUE-RUNNING
RESISTANT TO WEAR**

Sani-Terry Handpieces are accurately made, light in weight, smooth and true in operation, and are resistant to wear at every point where wear is usually first to occur in a handpiece.

Sani-Terry Contra-Angles are designed to prevent wear of the handpiece. There is no wear on the bur chuck when they are used.

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If preferred, Clev-Dent Contra-Angle U may be used with the Sani-Terry Handpiece. It fits accurately over the handpiece and is free from unnecessary vibration.





***The future of your business
depends on this child***



***The future of your business
depends on this child***

He represents every child who is now receiving dental treatment . . . learning the value of dental care . . . and forming dental health habits. He is the adult dental patient of tomorrow . . . and, whether you sell dentifrice or dental supplies or equipment, the volume of your *future* business depends indirectly on the treatment he's receiving *today*.

To help dentists give children the special care and understanding they need and deserve, Oral Hygiene publishes many articles on the subject of the child patient.

Recent features include: "The Youngster and You," "Child Psychology That Pays," "Mother Doesn't Know Best, Says the Dentist," and (from the current May—Child Health Month—issue) "Child Psychology at the Dental Chair," "A Reception Room for Children," and "Problems in Dental Treatment for Children."

These articles represent the kind of practical help with patient and practice problems that dentists expect and receive from Oral Hygiene. Other dental magazines concentrate on the purely *technical* problems of the dentist. Oral Hygiene gives major attention to his *practice* and *professional* problems. It's perfectly natural for dentists to feel an intimate friendliness toward the magazine that helps them with such personal matters as patient relationship, fees, budgets, and even their "chair-side-manner." It's perfectly natural, too, for them to extend this feeling of trust and friendliness to every page of the magazine—the advertising section as well as the articles, departments, and editorials; and it's perfectly natural for you to share with us the dentists' friendly feeling of confidence when your advertisements appear in

Oral Hygiene

OVER 36 YEARS OF KEEPING FAITH WITH THE DENTAL PROFESSION

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Stuart M. Stanley, Vice President and
Eastern Manager

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CHICAGO: 870 Peoples Gas Building
John J. Downes, Western Manager

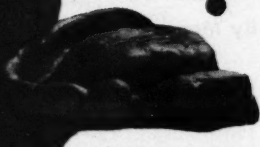
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Full Lower and Upper Dentures."

NAME STREET
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The Publisher's Corner

By Mass

Number 311

TEENTSY TOOFIES

READING the articles in this issue, as the manuscripts traveled through the publication office on the way to the printer, this month's contributions about child dentistry started me thinking of kids, and the way *they* think. And about a dentist friend of mine who told me he believes that dentistry for children is mainly a problem of psychology. I wouldn't know—but he would, because he has practiced successfully for a long, long time. "The operative techniques and treatments are mostly pretty simple," he said. "The psychology isn't too difficult either, if you understand kids, and learn to like them. They know if you don't like them. You don't have to tell them."

Dentistry suffered no loss when I decided not to finger the forceps, and in more than thirty years of exposure to dental knowledge I have learned mighty little about it. But over an even longer period I have learned about kids, and I feel rather sure I understand them, and that I could have become a pedodontist myself if I weren't all thumbs when it comes to digital dexterity.

Children are people, and they know they are, and they resent being treated as strange organisms. Most of them don't see much difference between themselves and adults. The adults are bigger, that's all, and time and mashed potatoes will take care of that.

Many adults demand that special respect be shown them. To save time and bother, youngsters usually consent to it—but privately they think it's nuts. They look upon themselves as adults—sample-size maybe, but growing bigger by the minute. And if you let them, they will tell you confidentially that many of the papas and mamas and aunts and uncles aren't too bright. So why bow and scrape to them?

For many years, most of my youngest friends have called me by my first name or by my nickname, and I am always secretly overjoyed that they treat me as one of them—although other old folks are sometimes horrified at what seems to them to be frightful lack of respect for my bulk.

Along with seeing no sense in showing special respect and reverence to others just because they weigh more, kids see no reason why they themselves should not be addressed the same way bigger people talk to each other. It burns them up to be called baby names, to be patronized. I always remember a young friend of mine who told a dentist in angry accents, "Don't you my-little-man me!" He bit that dentist, too, chomping down with all his remaining "teentsy tooxies."



Kids' appraisals of adults are utterly realistic. They don't rationalize as we do. They don't make excuses or allowances for anyone who is plainly a heel at heart. Their sharp eyes pierce stuffed shirts and get right into the insides of people who wear 'em. The everyday play-acting of which most of us are guilty is just that to kids—an act, and not very good drama either.

The so-called small fry are so realistic that they often are astonished when they see us big fry mincing around about mak-

ing decisions *they'd* make in a minute. Years ago, my own son brought me up with a round turn when I was fretting and fuming over doing something I wanted to do and felt was right, although other big fry disagreed with me. "If you believe you ought to do it, why don't you, Pap?" he wanted to know. Pap had no answer for that one.

We timid old souls were realistic and forthright ourselves in the long ago, until well-meaning parents and teachers and relatives forced us to conform to the grownups' pitiful pattern—teaching us to rationalize, to play-act, driving out of our thinking the natural realism with which we were born.

Here at ORAL HYGIENE, we have always respected the opinions of the half-pint adult who bit the dentist—so much so that we encouraged him, more than twelve years ago, to write some rules for dentists, and we printed them here in the magazine at the time. Ed Ryan didn't change the spelling or the punctuation:

1. DONT my little man the boy.
2. DONT act condicendingly toward him.
3. Never let the patient see that you are worried if something goes wrong.
4. DONT takil a difficult operation with a worried look on your face, make light of it.
5. DONT wisper, let the child know as much about what you are going to do as his parent.
6. Be friendly and jovil but remember there is a happy medium!

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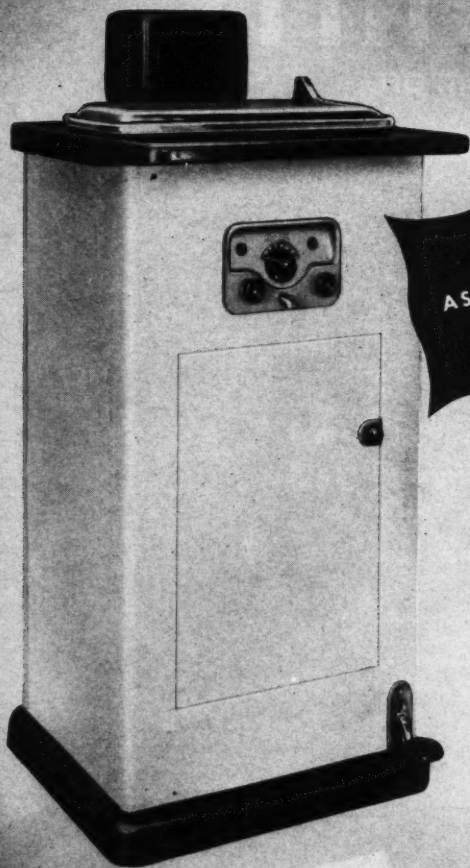
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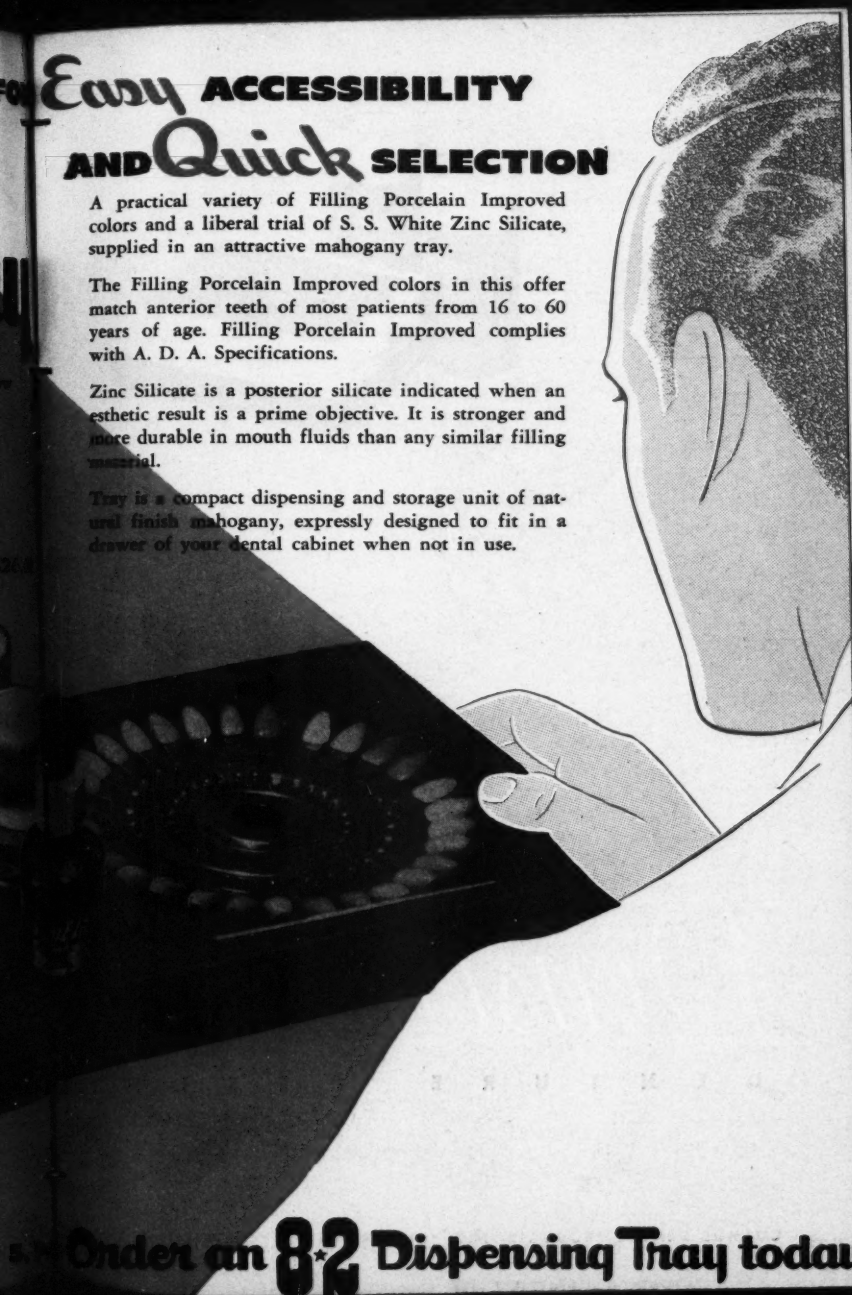
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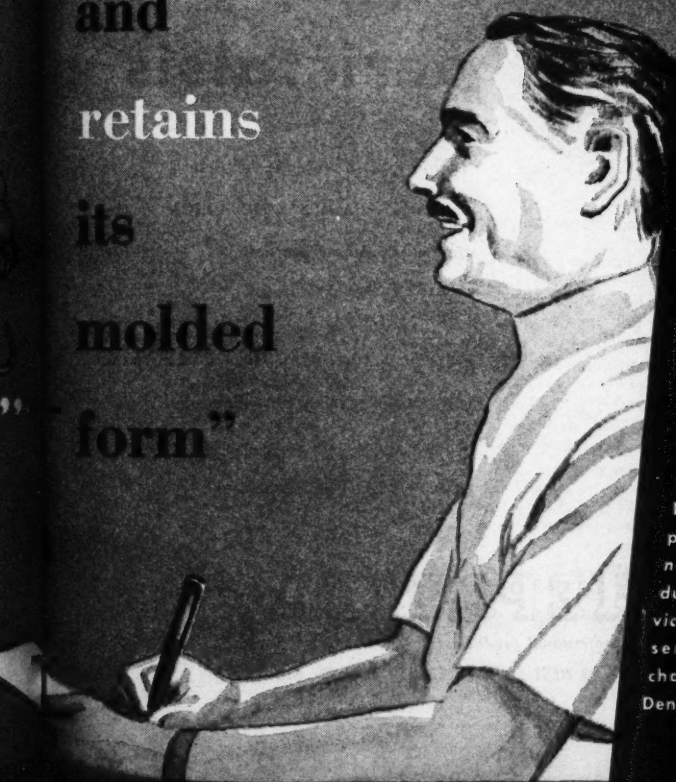
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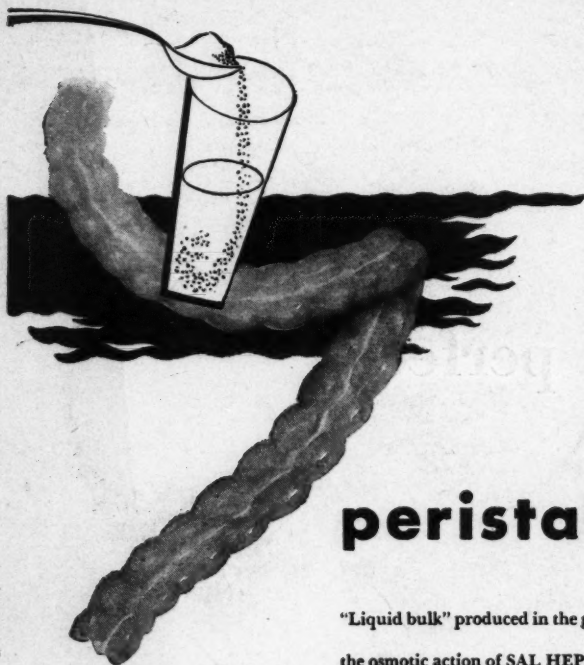
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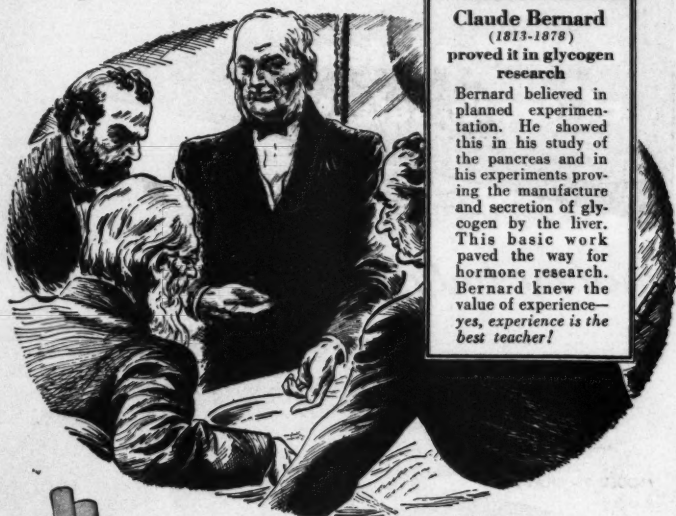
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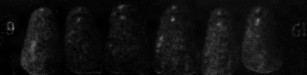
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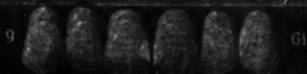
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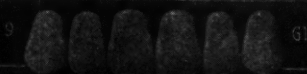
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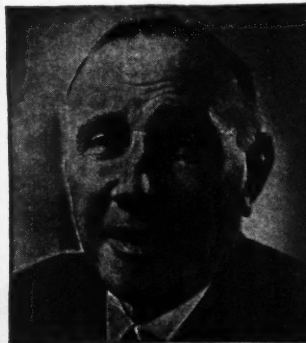
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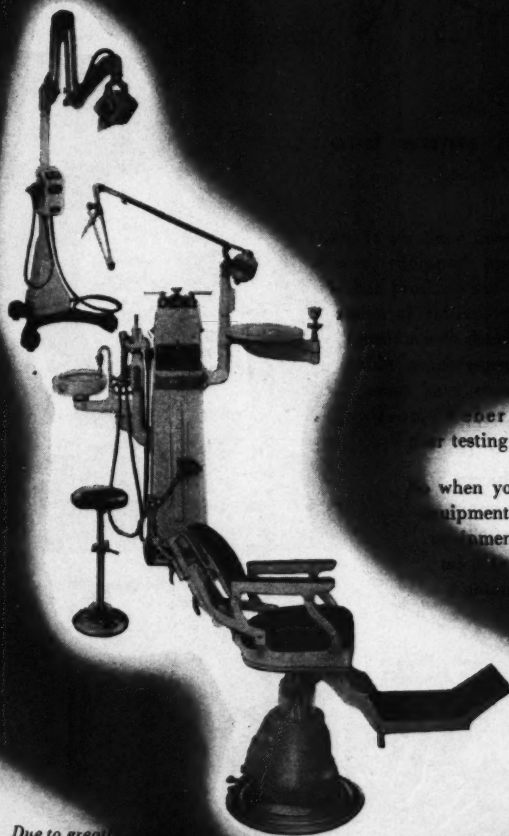
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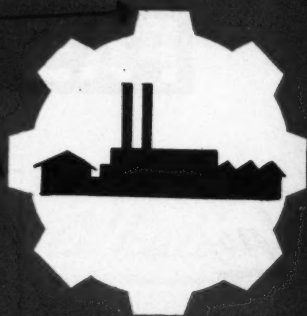
Please send copy of "Denture Closeups."

Dr.

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	\$7.00	\$5.00
	\$6.50	\$5.00
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Starlite

DIAMOND INSTRUMENTS

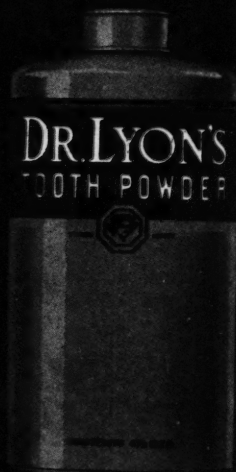
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A FURTHER STUDY: RELATIVE TO CERVICAL ANATOMY

By Benjamin Alstadt, D.D.S., New York, N. Y.

As appeared in The Journal of Periodontology, July 1943

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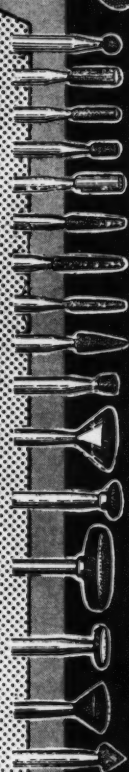
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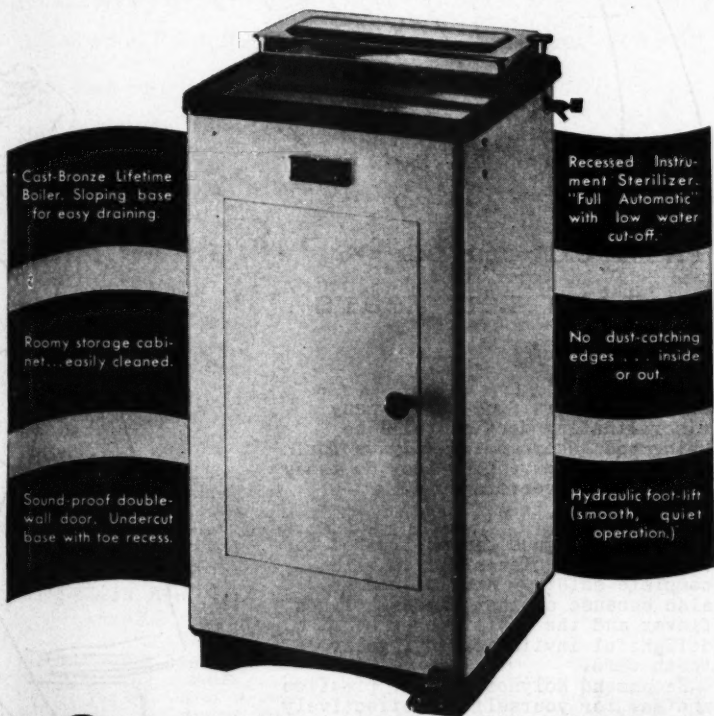
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Oral Hygiene

VOL. 37, NO. 5

MAY 1947

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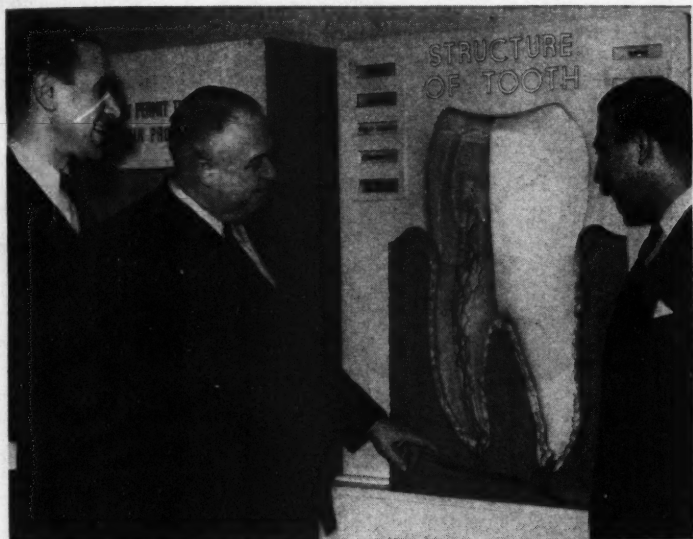
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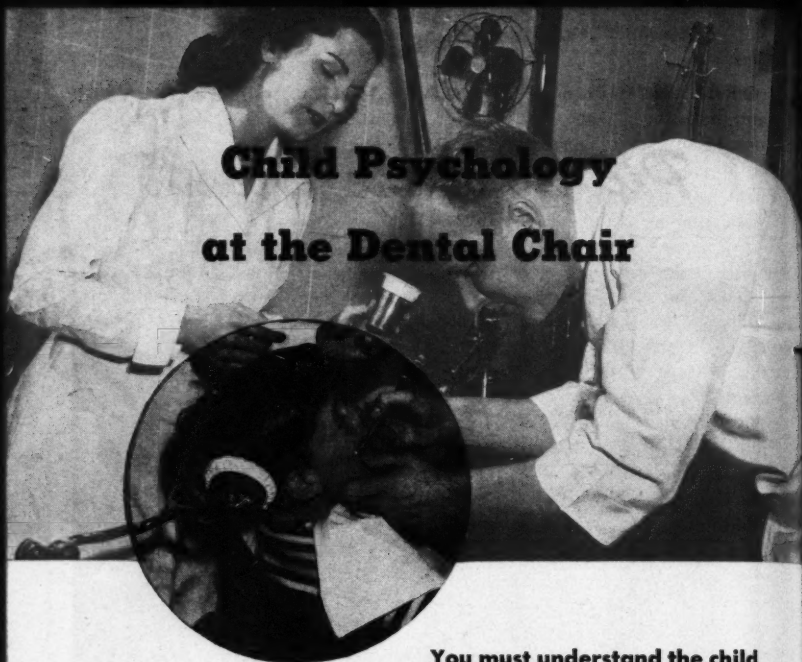
FOR FIRMER GUMS—CLEANER TEETH

Picture of the Month



"Children's Dental Health" was the subject of the interesting exhibit shown by the Cleveland Health Museum at the Midwinter Meeting of the Chicago Dental Society. M. Don Clawson, President of Meharry Medical College, examines the plastic tooth. He is accompanied by Harry L. Drake (left) and Wadi I. Sawabini (right), both dental graduates of the American University of Beirut in Syria. The Cleveland Health Museum exhibits are aided materially by the efforts of the Cleveland Dental Society.—*Photograph by Howard A. Hartman, D.D.S.*

Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.



Child Psychology at the Dental Chair

By J. E. OPPER, D.D.S.

**You must understand the child
in the dental chair before you
can perform treatment for
him successfully.**

CONSIDERABLE material has been written about child psychology and child management in the dental office, but much of this literature has frightened the general practitioner rather than helped him.

Our philosophy as applied to children's dentistry is wrong and should be changed. The "playful" approach that has been recommended is not practical. We are told to get down to the child's level—take him by the hand and

make a tour with him, show him the office, the laboratory, the sterilizer, and the whole dental equipment. Some even suggest having a playroom, and others recommend offering bribes such as models, toys, and other rewards. These procedures are impractical and contradict the fundamentals of psychology as applied to children. All these theories have a tendency to frighten the general practitioner away from treating children. They make the dentist feel that it is ex-

tremely difficult to handle them, and that you receive less remuneration from children's practice than from adult practice because of the waste of time that children require when those methods are followed.

Dentist's Attitude

The other day I was talking to a colleague about children's dentistry and he said, "You can have all the children's practice; I don't want any of it." The reason for this attitude is that we adults are unreasonable when it comes to understanding children. We have let the years erase all memory of our childhood, and we expect the child to meet us on equal ground. Instead we should apply our imagination to see the mind of the child so we may gain the confidence and cooperation of the child-patient. Treating children does not require any peculiar power of the psychology of child management, but it requires kindness, patience, and most of all a firm belief that dentistry renders a real health service and that this health service must start with the young child.

Training Children

In building a dental practice, it is necessary to teach the child as well as the adult patient that the dental office is not a place for agony or torture, but a place to restore the teeth to a healthy and comfortable condition for mastication. We must teach the patient to look upon dentistry not merely as a service of repair, but a service

rendered to preserve the teeth and the health of the mouth. It requires tact and effort on the part of the dentist to tell children something about teeth and their importance in terms simple enough for the child to understand, but the task is not difficult and becomes easier with practice and repetition. If the language is on a level with the mental power of the child, the reaction will be favorable. The importance of dentistry can be explained attractively to any age, provided an effort is made to find out the interest of the patient and the subject presented to fit that interest. Remember that when the patient is in the dental chair you are the master of the situation.

After twenty-five years of general practice, and four years on the staff of the dental clinic of the public schools, I have become convinced that children's dentistry is of vital importance and can be handled by every practitioner. The four years in the dental clinic, operating on approximately six thousand children, served me as an experimental laboratory where I had an opportunity to observe and study child psychology, not merely in theory but as actually applied at the dental chair.

Child Behavior

Although the children at the school clinic were of indigent parents, nevertheless, they displayed a remarkable discipline and behavior. Some had had better training than those who come to your

private office from more privileged homes. This demonstrates that the child's training is the greatest factor in the behavior of children.

A child's behavior depends upon environment, training, and probably to some extent upon innate endowments. Children's actions differ, and if you notice them walking, running, or playing, you will observe that no two children perform the same act in the same way. You will also see that socially they are not alike; some are retiring while other children are aggressive. Also, children's emotions differ. A child may express his emotions without any restraint, and sometimes those emotions may be violent. Psychologists state that many emotional reactions in children are the child's imitation of some adult close to him.

Most children are frank, friendly, and open-minded, and will respond naturally to the courteous greeting by the dentist. A timid frightened child can be recognized easily by the facial expression and questioning eyes; sometimes he cries when he takes the first step into the reception room. This type of girl or boy will cling to the parent's hand, and if approached kindly and tactfully by the operator will become a cooperative patient. Even in these rare cases I do not use baby talk or the so-called "playful" method to get the child into the dental chair, but I use a straight-forward method, the same as to an adult, and when the patient is seated I show him the instruments

and explain their uses. This type of child is found mostly in the pre-school age. All children should be greeted by their first name: "Hello, Jim" or "Hello, Doris." This gives the child a feeling of friendship.

Stubborn Child

The stubborn child is the most difficult to manage in the dental office. He is usually found among children between the ages of nine and eleven. To gain cooperation from such a child sometimes necessitates physical force to place him in the chair and considerable talking to convince him that you mean business and that he must open his mouth to let you operate. If you show him a diffident attitude he will quickly notice it and take advantage of it. In such cases, I look the patient straight in the eyes and commence to operate with the remark: "Here you must do just what I tell you."

The other day I had a child of that type in my office, a boy of 9. He came in with his older brother, an adult. The boy refused to sit down in the dental chair until I promised him that I would only examine his teeth, but after the examination I told him that some treatment was needed. The child listened attentively, but refused to open his mouth again. I did not use force, but I said to the child: "Listen, Joe, I'll let you go now, and you think this over. When you decide that you will obey my orders, then call up for an appointment." The next day the boy him-

self called and when he came in he let me operate without showing any resentment. I know the family of this boy and I had observed that he is a "spoiled" child, and usually gets everything his way. This type is always the "boss" at home, doing as he wishes, but if beaten at his own game, he will be a good friend and admire the one that can direct him. This stubborn type is a direct result of poor training; a characteristic that sometimes follows the child all through life. In none of these cases is it possible to apply a definite outline of procedure. Each situation must be handled according to the behavior and temperament of the child.

Temperamental Child

The temperamental or crying child is not really a bad patient. His fears are imaginary, sometimes coming from some fantastic story about dentistry overheard from older children who wanted to show off their heroism. Some of these crying children would come into the school clinic saying: "Someone said that the dentist puts sharp needles in the 'gum' and that hurts." Meanwhile they keep on crying until convinced otherwise by being shown the instruments and their uses. In such cases, I would place a bur in the handpiece to demonstrate to the child what the bur does to the fingernail, with the assurance that the bur is just used on the tooth and not on the gingiva. Then usually

the sobbing would cease, and the patient would let you operate without any protest.

Parent's Assistance

As a rule, in the school clinic, parents were not allowed to accompany the patient into the operating room, a policy that should be adopted in every dental office. For the preschool child, the mother may be of some assistance in the control of the patient; but with the older, belligerent child, the parents should be excused from the operating room because the sound of the mother's voice and her sympathy felt by the child are sufficient to upset the patient's state of mind and interfere in the control and management of the child by the operator.

Fear

Probably the greatest obstacle in the dental profession is fear. This can be overcome through education only. Fear is a psychological phenomenon in which the reaction varies with each person. In children the fear of the dentist may be traced to a recollection of some experience with a physician during illness, and sometimes the frightening of the child may be the result of terrifying stories told by some children.

I do not believe in any disciplinary measures such as the so-called "towel" method. In all my experience, either in the school clinic or in my private practice, I have not

(Continued on page 337)



This final article in a series of four by interior decorators offers ideas for pleasing your younger patients.

A RECEPTION ROOM *for Children*



By **MARION E. STUTZMAN,**
A.I.D.*

SUCCESS IN treating a child patient depends upon winning his confidence and reducing his fears to the point where he is willing to cooperate. Since the time required to accomplish the treatment is of importance to the dentist, methods of allaying the child's fear in advance of dental treatment are most helpful.

A reception room that is furnished and decorated with the idea of diverting the patient's thoughts builds advance good will. If a fur-

*American Institute of Decorators.

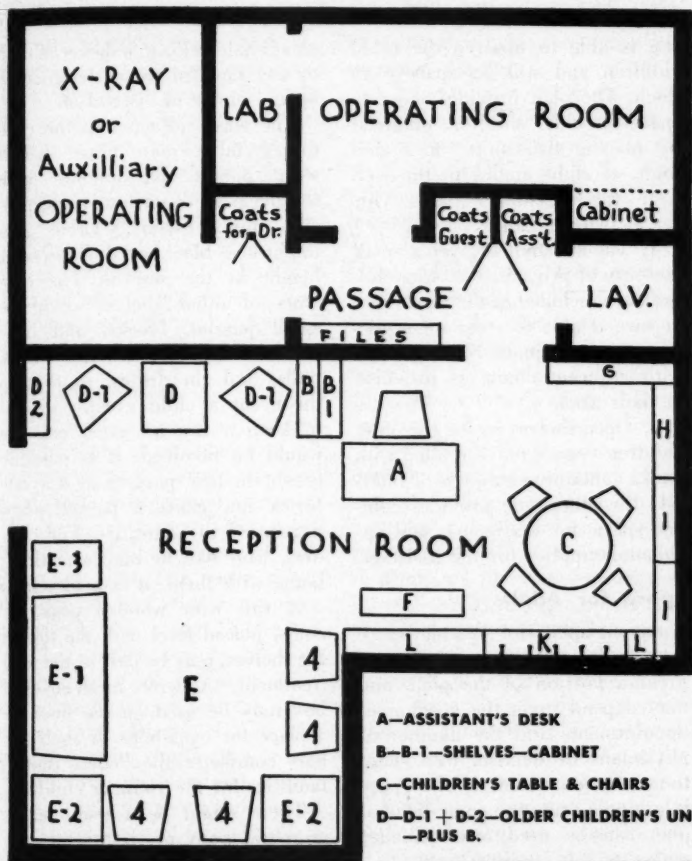


ther surprise diversion is employed in the operating room, the child is usually more willing to cooperate.

In planning a reception room the seating may be arranged in two separate groups: a unit for small children and a unit for adults and older children. The plan illustrated utilizes wall space to advantage. Cabinets and open shelves are of uniform height to give a feeling of composure.

Older Children

As shown on the suggested floor plan, the dental assistant's desk (A) is placed in a position where



**FLOOR PLAN of
A RECEPTION ROOM
for
CHILDREN**

- A—ASSISTANT'S DESK
- B—B-1—SHELVES—CABINET
- C—CHILDREN'S TABLE & CHAIRS
- D—D-1 + D-2—OLDER CHILDREN'S UNIT—PLUS B.
- E—ADULT SECTION. E-1 SOFA. E-2 CORNER TABLES. E-3 END TABLE. E-4 OPEN ARM CHAIRS.
- F—PONY. G—TOY SHELF.
- H—BLACKBOARD & CHALK SHELF.
- I-I—SHELVES with BOOKS, PIGEON HOLES.
- K—COAT RAIL, PEGS AND BOOT REST.
- L—STEP for MOUNTING PONY.

she is able to observe the small children and still be apart from them. The plan provides separate space for older children, obtained by placing two units, 36 inches high, at right angles to the wall near the assistant's desk. This serves two functions:

1. The assistant is given a small measure of privacy; the older children are secluded as they feel more at ease if able to seem inconspicuous. An adequate reading table with adjacent chairs is provided in their area.

2. Open shelves facing the older children's space may be filled with books containing subjects of interest; the other side provides cabinet space for stationery and incidental supplies for the assistant.

Space for Adults

Arrangement for seating space for adults need not comprise too great a portion of the plan, and may depend upon the spacing of appointments and the number of physicians or dentists who share the reception room. If the space is a single unit, the same general plan can be used on a smaller scale.

Children's Furniture

The small children's unit should have a low table 22 inches high which may be round, square, or rectangular; its shape and size depending on the floor space. The chairs should be 12 inches to the seat and the chair backs may be ladder-back, shaped as a wheel,

an animal, a clown, a flower, a doll, or any fanciful shape designed to be an element of distraction.

The walls adjacent to the children's table may have shelves with books, pigeonholes with scratch pads of various sizes, pencils, and crayons. There also might be a blackboard of the same height as the shelves. The contents of other shelves could be small puzzles, blocks, and little ten-cent toys such as cars, trains, dolls, and tin dishes, so that in the event a child greatly wished to keep a toy no great expense would be involved. It is possible to obtain tiny packets of crayons for a few cents a packet when purchased in quantities. For children who like to take something home with them, it is a nice gift.

A rail with wooden pegs for coats, placed level with the top of the shelves, may be part of the wall treatment. A wire mesh-covered box may be used on the floor as a place for overshoes. A shelf for hats completes the "check-room" facilities for the younger children.

There might be a real merry-go-round pony or, if the table is round, a canopy or tent top could be erected with brightly colored poles with flags at their tips. Being under a tent gives youngsters a feeling of security.

Children love flowers. In the spring, summer, and fall, when garden flowers are plentiful, a bowl of flowers set on their table would be an added attraction.

The parents may be helpful by

leaving the child to his own resources at the play table and retiring as soon as possible to their own section. By paying little attention to him, he may make his own observations and the dental assistant may become acquainted with the child in a natural way before it is time for him to go into the operating room. The child will then feel more at ease and he and the dentist should get along well together.

Wall Decoration

The wall treatment of the reception room as a whole may effectively unite the group arrangements in a complementary manner. The main portion of the room may be a definite shade of red, green, or blue. The space above the wall shelves of the younger children's unit could be treated by: 1. painting a wide two-tone stripe (one stripe the same color as the room proper and the other stripe a contrasting color) such as red and white, bottle green and circus pink, or blue and green; 2. using a children's scenic mural wallpaper; 3. painting the walls a solid contrasting color and hanging a row of pictures of subjects of interest to children with gay-colored mats framed alike and hung close together above the shelves.

In the operating room the young patient may step into the chair with little assistance by the aid of a wooden drum, brightly paint-

ed, or a stirrup for the more venturesome children.

A large mirror facing the child helps to add to his courage, and an ornamental bell may be placed on the instrument table for him to ring if the dentist should hurt too much.

Walt Disney cardboard cartoons, small cowboy items, or doll clothes or paper dolls, could be fastened to the arm of the dental engine to divert attention while treatment is in progress. By using clips, these could be changed from time to time.

The walls of the operating room may be painted a cheerful color with the ceiling done in a contrasting color and an interesting border treatment at wall and ceiling angle. A group of pictures selected for interest-appeal, and hung in a manner pleasing and easy to see, could be used to decorate the walls. Good drawings of animals hold attention. A series of comic posters which might also be of educational value could be framed in a striking manner.

A qualified decorator is able to suggest ideas or to assist in the practical execution of the ideas of the pedodontist. The decorator who has varied sources of supply and experience in instructing workmen and carpenters can complete plans without needless or wasteful expenditures.

33 Bellevue Place
Chicago 11, Illinois



Own Your Own Bungalow Dental Office

By **KENT K. CROSS, D.D.S.**

WHEN RENTS increased and office space became difficult to find, I began a survey of vacant lots in the vicinity of my south Denver office. There was a vacant corner 50 by 125 feet one block west. At the City and County Building I learned that it was tax delinquent, over \$1,000. I was given a "tip" that it could be had for about a third of that amount. The Delinquent Tax Board "raised the ante" \$50 when it learned that a professional man wanted it.

With the purchase approved, we

called the real estate man in whose name the property was listed. We were referred to another man, a member of the State Land Board, who held the abstract and knew the pitfalls between us and title clearance. An attorney's fee, advertising, and \$100 to the abstract holder eventually cleared all that.

In the meantime evening meetings were held with a building contractor friend. Combining his ideas, mine, and those taken from an American Dental Association library packet, we were ready for bids—no easy matter in times of postwar scarcity. Since the loca-

Dentist tells his experiences in building a bungalow dental office under postwar conditions.

tion is across the alley from the business zone, and the Zoning Board considers dentistry a business, we had to submit an elevation plan on the premises for ten days.

In time, the general contractor obtained acceptable bids from excavator, electrician, bricklayer, and carpenter subcontractors, and took chances on lath men, plasterers, and painters. Eventually the basement was excavated, and from that date it took nine and one-half months to complete our bungalow office-residence.

The bottlenecks we encountered were:

Seven weeks waiting for suitable window frames.

Two and one-half weeks waiting for the bricklayers to begin.

Seven weeks obtaining lath—eventually we had three kinds from four firms.

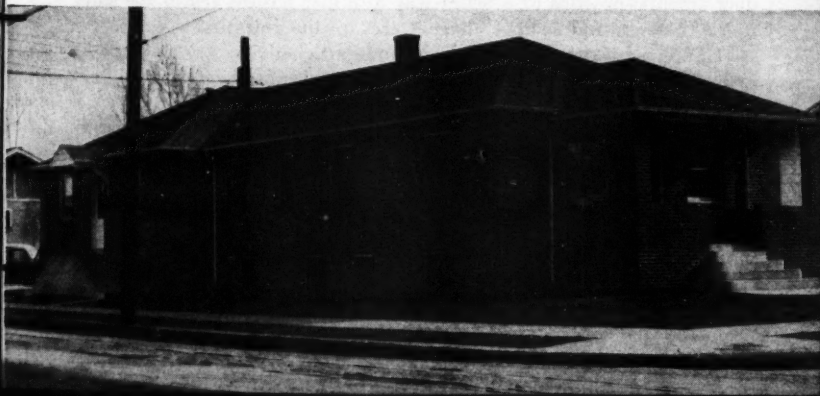
Two weeks' delay before the plasterer was available.

Two weeks waiting for the painter contractor to get started.

We had two doors when we needed thirty-nine. It pays to have a friend in a large lumber yard, for we were astonished one bright day to have thirty-seven doors delivered to our double garage.

Nine and one-half months from the time the bulldozer broke soil, we moved into the building. The most staggering part of the move, except for the initial cost, was moving the dental chairs. The mover said they clung to the floors and refused to make the desired turns up the curved stairways. Backs were wrenched but no bones broken, and now everything is in its place.

We have an up-to-date bungalow, facing west; a basement apartment; and a six-room office facing north, with a hallway dividing two operating rooms, a convenient, light, outside laboratory between them on the east, and a reception



room, a business office, and an x-ray room with dark room on the west. Five steps connect with the kitchen and the basement. I have three times the space I previously had for the same office overhead.

Beneath the office is a basement with an outside as well as an inside

basement entrance. This can be made into an apartment.

I find that it gives me a sense of well-being to own my own bungalow dental office.

1112 East Evans
Denver 10, Colorado

PRIZE WINNING ARTICLE AROUSES INTEREST IN DENTISTRY FOR CHINA

LESTER G. GLICK, D.D.S., who won a \$100 ORAL HYGIENE award for his article PRESENT-DAY DENTISTRY IN CHINA, writes, "I have received a number of communications from dentists in widely separated parts of the country, and all of them ask my advice about practicing dentistry in China. I was not aware that I had made dental practice in China such a desirable thing."

• • •

Doctor Glick's report on Chinese dentistry was written after his return from China where he served with the Health Division of UNRRA. He will use the award received for submitting the leading feature of the month to buy dental textbooks for his colleagues in China.

• • •

Contributors to the ORAL HYGIENE "best article of the month" competition have won more than \$5000 in awards for their practical, down-to-earth articles and human interest stories.

• • •

We want to know how the dental scene looks from your point of view. If you or one of your colleagues has found a more efficient way to conduct a dental practice or a better way to utilize leisure, tell us the story in 1500 words and send it along. Here are the rules:

1. Emphasize the dental angle in your article.
2. Write your story in simple, direct, specific language without literary flourishes.
3. Your manuscript must be limited to 1500 words, typed, double-spaced, and accompanied by return postage.

• • •

Mail your story today! If you do not win a prize but your manuscript is acceptable for publication we will pay you the regular word rate. Send your manuscript to: Edward J. Ryan, D.D.S., Editor, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



So You Know Something About Dentistry!

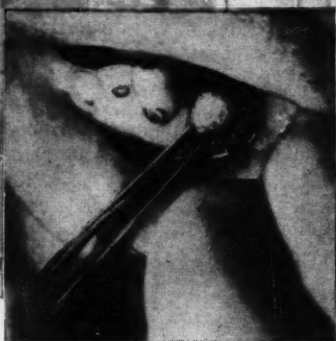


QUIZ XXXII

1. Iodine is used in dentistry as (a) an antiseptic, (b) a deodorant, (c) a disclosing stain.
2. Does saliva (a) accelerate, (b) retard, (c) have no effect upon, the coagulation of blood?
3. Does the buccinator nerve have a communication with the facial nerve?
4. The partial denture derives its support from (a) the teeth or roots of teeth, (b) mucosa, (c) a combination of teeth or roots of teeth with the mucosa.
5. Is it best to finish a silicate restoration within (a) six hours, (b) twenty-four hours, (c) a week, after insertion?
6. Is harelip always congenital?
7. Why is ether not popular for operating in the mouth and pharynx?
8. Do the teeth of children suffering from rickets erupt (a) early, (b) late, (c) at the so-called normal time for eruption?
9. True or false? Dental caries and periodontoclasia do not flourish in the same mouth at the same time.
10. Is it wise to give more than one administration of ethyl chloride at one sitting?

FOR CORRECT ANSWERS SEE PAGE 847

Hospital Treatment of the Bleeding Tooth Sockets



By **HOWARD E. KESSLER,**
D.D.S.*

DENTISTS WHO send patients into the hospital because of tooth sockets which bleed excessively after extractions may not know exactly what is done for their patients.

In a city the size of San Diego the number of these cases is enough to keep a hospital dentist on call at all hours. Most of these patients come into the hospital receiving room during the middle of the night. Some come in of their own

accord without having seen their dentist; some have been seen by their dentist who is unable to stop the flow of blood; some have called their dentist during the night and he told them to go to the County Hospital; and a few enter the receiving room accompanied by their dentist.

*Doctor Kessler is Resident in Anesthesia and Oral Surgery at San Diego County General Hospital.

Oral surgeon discusses successful method of controlling excessive bleeding after extractions.

We have tried a variety of methods of treating these bleeding sockets. First, we examine the mouth thoroughly and remove the annoying clots of blood which usually adhere to the tongue and to the roof of the mouth when the bleeding has continued for some time. Then we make the patient more comfortable by swabbing out the mouth with a gauze pledget dipped in normal saline solution. Next, we examine the bleeding socket to see if it contains any packing or a suture.

From this point on our treatment has varied. We used to soak a gauze pledget in Monsel's solution and have the patient bite on it. Later we used a paste made by mixing tannic acid with seven or eight drops of epinephrine solution, soaking it on a gauze pledget. This we placed over the bleeding socket and had the patient bite on it.

Also, we have tried a commercial blood coagulant called "Ceanothyn" (a hydroalcoholic extract of *Ceanothus americanus*). We used this solution both systemically and locally. The patient was given four fluidrams to drink and also a gauze pledget of "Ceanothyn" on which to bite.

All of these methods are good

when the patient remains quiet for some time.

The method we are using at present is the insertion of fibrin foam (human) into the socket. We cut off (using a sterile shears) a small piece of the fibrin foam, soak it in the accompanying thrombin (human), and insert it in the bleeding socket. The piece that we use is about the size of a large pea. We then suture the socket (usually just one suture is sufficient) to hold the material in place and have the patient close lightly on a plain piece of sterile gauze. The human fibrin foam is left in the socket because it in itself forms the new normal blood clot.

We formerly inserted the fibrin foam without soaking it in the thrombin, but we found the results more satisfactory when we used the thrombin.

Cases and conditions vary to the extent that some of these patients must be hospitalized, given transfusions or intramuscular injections of vitamin K. For the majority of patients, however, this procedure adopted at San Diego County General Hospital has been satisfactory.

San Diego County General Hospital
San Diego 3, California



Dentists in the News

Philadelphia (Pennsylvania) Daily News: Recent issues of *The Saturday Evening Post* carried two articles on Brazil by Doctor Harry Wright and Warren Price. Doctor Wright, a dentist, was a member of the Roncador-Xingu expedition into Matto Grosso—Brazil's uncharted jungle. Doctor Wright is reported to have been the first North American to see the almost legendary Tangoro River. The articles were illustrated with his own photographs.

Xenia (Ohio) Gazette: Doctor Robert Morton, Xenia dentist, has pursued his hobby of entering radio quiz contests until it has reached a profitable stage for him. After recently winning a "Fishing and Hunting Club of the Air" contest, he checked his records and found he had won 115 contests and the cash value of his awards had reached \$1,836.35. His latest award included three of the best sportswear shirts worth \$12.50 apiece, a goose down insulated jacket, a humidifier of tobacco, and an aerosol bomb.



While he does not confine his activities to sports quizzes, he has won many attractive sporting prizes. One company sent him a beautiful fly rod for his winning entry in its contest. "I sat down and wrote them a letter expressing my

appreciation and thanking them for such a nice gift," Doctor Morton recalled. "Darned if they didn't reply, telling me I was the first guy ever to thank them for any prizes and advising me they were sending me a swell reel for the rod, and other accessory equipment."

Doctor Morton's top cash awards were a check for \$200 and another for \$100. In one contest he won so much kitchen equipment he had to make two trips in his automobile to the freight house for all the prizes. When he was finished the whole kitchen in his home had been re-furnished.

La Salle (Illinois) Daily Post-Tribune: After reading the answers to the questions Elliott Roosevelt submitted to Stalin on his trip to Russia, Doctor George Schneider, La Salle dentist, prepared a set of "more provocative" questions and asked Roosevelt to provide the answers.

The substance of Stalin's answers as published in *Look* magazine was that he "sees no reason for war, no chance for war, and no power to wage war."

Doctor Schneider prepared a list of fourteen questions which he asks Roosevelt to answer. Among them are "Will the Russians get out of the zone that they occupy in Germany before they are sure that it is thoroughly communistic?" and "Does it not now look as though the United States entered the war to keep Germany out of Poland and let Russia in?"

Chicago (Illinois) Tribune: Doctor Charles J. Coffey, a practicing Chicago

dentist since 1908, declared recently that the greatest single stride that dentistry has made in the last forty years is in the use of anesthetics. Present-day anesthetics are seven times less toxic than cocaine which was used when he began practice.

Another great advance in dentistry, according to Doctor Coffey, is in the field of oral surgery. In 1908 he said the fee for extracting a tooth was usually 50 cents, and there was no treatment following the extraction to determine whether or not the patient's condition was satisfactory.

In other respects, however, Doctor Coffey reports that dentistry has not changed so much. Even forty years ago dentists had dental assistants, and dental patients read old magazines while they waited in the reception rooms.

Philadelphia (Pennsylvania) Evening Bulletin: The Pennsylvania Club of New York recently presented its honor cup, awarded annually for services to the University of Pennsylvania, to Doctor Clay Boland of the Class of 1926. Doctor Boland, a Philadelphia dentist and song writer, composes the feature musical compositions for the University's Mask and Wig Club theatrical productions.

Miami (Florida) Herald: Doctor E. C. Lunsford, Coral Gables dentist, recently had as his guest Commander Augusto E. Taiman, a distinguished dental authority of Lima, Peru. The two friends originally met at a meeting of the Cuban Orthodontists' Society in Havana.

Besides being Chief of the Dental Services of the Peruvian Air Forces, Commander Taiman is Dean of the dental faculty of the National University at San Marcos, President of the Peruvian Society of Orthodontists, and Vice-

President of the Peruvian Committee of the Latin-American Dental Federation.

Commander Taiman was accompanied by Hernando de Castro, a dentist of Bogota, Colombia, who formerly practiced in Miami and served as Colombian Vice-Consul.

Salt Lake (Utah) Tribune: A two-seater Army surplus training plane provides Doctor Howard L. Call, Ogden's flying dentist, the key to many an otherwise inaccessible "sportsman's paradise." For relaxation from long hours at a dental chair, he sets off in his plane for some favorite fishing or hunting spot. He can land in any pasture or flat spot at the side of a stream or in the center of a hunting area.

Doctor Call once spent ten days on a fishing and hunting jaunt which covered 4000 miles in Wyoming, Idaho, Montana, and Nevada. In an automobile the trip would have taken a month.

"You can't camp luxuriously," Doctor Call reports, "but you can get away from town on a three-day weekend and have two and a half days of it on the Salmon River. In the wintertime, you still can manage to catch a few fresh trout without taking more than a Saturday afternoon and Sunday."

Doctor Call believes that air travel probably will open up the West to the sportsman as nothing else has.

Toledo (Ohio) Times: Two Toledoans, John N. Pettrow, a ceramist, and Doctor Willmarth R. Paine, a dentist, assisted by chemist Paul C. Plehn, have developed a process for embedding a wide variety of objects—animal, vegetable, and mineral—in a transparent plastic which is clear as glass but considerably more workable for their purposes. Pettrow and Doctor Paine believe they have brought the embedding process to a point higher than any yet

attained, not only because of the harder, clearer plastic they have developed, but because of the secret method they have conceived to treat objects for embedding.

Because of the ease of embedding mineral materials through this special process, and because of the commercial potentialities, Pettrow and Doctor Paine plan to concentrate their enterprise along industrial lines. They hope compact, neat-appearing plasticized displays may open up new prospects in the selling and merchandising fields.

Miami (Florida) Daily News: Doctor Z. N. Wright, Miami dentist, recently established the identity of a skeleton found in Coral Gables as that of Mary J. Morrow who disappeared about six years ago. Doctor Wright charted the dental treatment in the skull of the skeleton and compared it with a chart showing dental treatment performed on Miss Morrow by Doctor W. A. Birdwell in Providence, Kentucky, in 1938. The Miami dentist pointed out similarities which he said are proof of identity beyond any doubt.

This month's awards for items published in **DENTISTS IN THE NEWS** have been sent to:

WILLIAM PERRY, D.D.S., 1930 Chestnut Street, Philadelphia 3.

V. B. MILAS, D.D.S., 2559 West 63rd Street, Chicago 29.

ANN ZAESKA, 920 La Fayette Street, La Salle, Illinois.

CARL O. NYBLADH, 821 North King Street, Xenia, Ohio.

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MRS. A. E. INSELSBERGER, 177 Lane A. Anchorage, Clearfield, Utah.

MAURICE KAYNEN, 1132 Euclid Avenue, Miami Beach, Florida.

CAN YOU USE A DOLLAR?

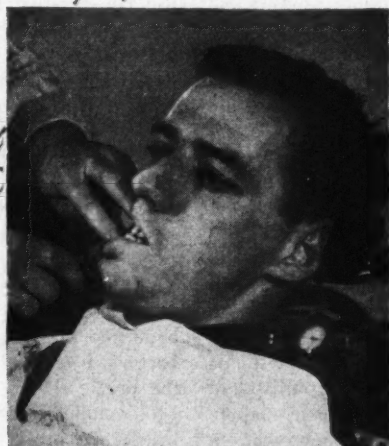
TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to *Dentists in the News*, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

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An oral surgeon offers suggestions for rendering better operative service to dental patients.



Some Surgical Hints



By **BENJAMIN TUCKER, D.D.S.**

IN PERFORMING oral surgery, certain truths become evident. A grouping of these facts will serve to refresh our memories and perhaps add new knowledge.

Always have a roentgenogram of the tooth to be extracted. In

cases where anatomic abnormalities have to be corrected, it is sometimes advisable to have study models previous to the operation.

The age of the patient should always be considered as it influences the choice of anesthetic and extent of surgical intervention. In children a general anesthetic is

preferable. In older people we should not attempt extensive surgery. The occupation or vocation of the patient should influence the choice of anesthetic. The use of nitrous oxide-oxygen is contraindicated for outdoor workers and athletes. Do not attempt any extensive surgery on a minor unless the patient is accompanied by a responsible adult. Do not attempt any extensive surgery if the patient will not be able to return for the necessary postoperative treatments.

In cases of nervous and apprehensive patients it is advisable to use premedication. Always inquire as to the state of the patient's health. A history of a recent operation or illness should influence surgical treatment. Some systemic diseases, such as syphilis and diabetes, may complicate matters following surgical intervention. Previous knowledge of this will explain postoperative sequelae, and aid in the treatment. Inquire about previous reactions to surgical treatment. This may reveal tendencies of fracturing, bleeding, unfavorable reaction to anesthesia, postoperative pain, and other conditions.

Patients who are to undergo nitrous oxide-oxygen anesthesia should abstain from food and liquids three hours prior to their visit to the dental office.

If the mouth is in an unhygienic condition, perform a prophylaxis before attempting any surgery. An unclean mouth increases the possibility of infection and postopera-

tive pain. Do not attempt any surgery for a patient with an acute Vincent's infection. Eliminate the infection first and then perform your surgery. In cases of acute infectious conditions it is best to use conservative home treatment whenever possible before resorting to surgery.

If you feel that the patient's welfare will be benefited by referring him to a dentist who is more competent than you are, by all means do so.

A biopsy should be taken of all suspicious growths or lesions.

A dislocated jaw can be pushed back into position by placing a towel around the thumb of each hand and pressing downward and backward on the molar teeth of the jaw.

Nonvital teeth are generally brittle and prone to fracture. Extreme care should be taken in their removal.

If the roentgenogram shows the tooth to have an exostosed root, surgical removal of the tooth is probably the best procedure.

Always dry the tissue before applying any medicament.

Use sharp needles. This fact cannot be stressed too strongly. Never bend your needle. Keep the needle and syringe in one straight line. This lessens the possibility of breakage. Always have a thumb forceps on your injection tray. It is useful if the needle breaks. Always have an unobstructed view of the field of operation. Inject slowly.

In cases of pericementitis, a general anesthetic is preferable.

Always keep the beak of your forceps parallel to the long axis of the tooth that is to be extracted. Never be hasty in your luxation of the tooth. Luxate slowly and carefully, getting the feel and give of the tooth in the socket. Upper first bicuspsids are treacherous teeth to extract because the roots are sometimes thin. Be careful.

In cases of hemorrhage, irrigation of the socket followed by a compound block lined with gauze saturated with adrenalin will help. Bleeders should have premedication. Calcium tablets should be prescribed.

Always have your elevators under control. Be careful of adjacent teeth and soft tissues. If a tooth fractures, formulate a definite plan of removal. Do not gnaw away with your forceps.

Avoid indecision and fear. The patient senses this.

Sharp instruments will help re-

duce postoperative pain. A surgical tray, previously set up, is useful in emergencies.

Do not draw sutures too tightly. Tight sutures may cause strangulation and necrosis of the tissues. Never leave exposed bone. This is a frequent source of postoperative pain.

It is generally best to perform alveolectomies at the time of removal of the teeth.

Always maintain a chain of surgical asepsis. Be sure there are no weak links.

The patient should be told that soreness, bleeding, and swelling may follow surgical treatment. The patient should be instructed in home care of the mouth.

Thus, by remembering and performing the preceding surgical observations, we can render a better service to our patients and incidentally to ourselves.

8 Railroad Avenue
Babylon, New York

CHILD PSYCHOLOGY AT THE DENTAL CHAIR

(Continued from page 821)

used it because I think it frightens the patient. Although this method may serve a practical purpose, psychologically it is detrimental to the whole dental profession.

It is my conviction that a better comprehension of child psychology and a kind and honest attitude in

child management will bring more understanding and cooperation from the patient, and a higher esteem for the dental profession. We must remember that the child of today is the adult of tomorrow.

14320 Kinman Road
Cleveland 20, Ohio



Problems in Dental Treatment For Children *

By S. R. LAYCOCK, Ph.D.

WHILE ALL professional people need an understanding of the relatively new science of psychology, dentists appear to have an urgent need for such knowledge.

It always is true that the weaknesses and strengths of individuals are revealed in times of stress and

crisis. Dental treatment, because it is relatively unpleasant for most people, is likely to expose an individual's characteristics and degree of development. Dentists, therefore, have to become interested in such things as the degree of emotional maturity which their patients have attained.

Emotional maturity implies three abilities:

*Condensed from the September, 1946, issue of the *Journal of the Canadian Dental Association*.

An understanding of the psychologic needs of children will help you in your dental practice.

1. To be able to bear tension without "blowing up"—that is, to stand the ordinary annoyances and pains of human life without losing one's temper, dissolving into tears, pouting, sulking, feeling sorry for oneself, having one's feelings hurt, or developing a sick headache;

2. To be able to take responsibility for oneself without being too dependent emotionally on parents or friends—that is, to be able to stand on one's own feet; and

3. To be able to come to a working compromise with life—to realize that the price of healthy teeth and good general health may demand that one submit himself to some unpleasant aspects in dental treatment.

There are hosts of individuals who have grown-up bodies who have not grown-up emotions. Those who provide dental treatment for children have special problems since youngsters are in the process of growing up—not only physically but emotionally. Dentists, hence, should have a particular interest in the study of child psychology not only for the sake of understanding the children whom they treat but also for the sake of handling the grown-up children who come to the dental office.

Parent Education

Most of the problems which dentists have with children and adults arise long before the individual

comes near the dentist. They have their origin, for the most part, in the handling that the boy and girl or man and woman received at home in the first four or five years of life. Dentists might well give active support to such organizations as those of the home and school, the Parent-Teachers' Association, and others which promote a program of parent education.

While children are born with a certain physical and mental constitution which varies greatly from child to child, most of the specific forms of behavior of children are the result of the way that they are handled in their early years. Many a bad temper which is put down to inheritance is the result of contagion. The youngster "caught" it from his father, or it may be the result of the way that his mother handles him. Similarly a child does not inherit his shyness; rather it develops as a result of too harsh treatment, too much coddling, too little experience in handling social situations.

Fear

Children's fears are always a source of concern to the dentist. Psychologists are convinced that specific fears are all home grown. Scientific knowledge, at present, indicates that infants are not born with specific fears. Indeed, it is doubtful if fear, as such, is present at birth at all. There is present a

tendency toward an organic state of emotional excitement, which is set off by intense or unexpected stimuli like loud noises, flashes of light, or falling.

Fears as such, including fears of dentists, physicians, and policemen, are all developed. They can be developed in many ways. First of all, fears may be "caught" from adults. Research has shown that there is a definite relationship between the fears of mothers and their children.

Another way in which fears of dentists may be established is for a parent to threaten the child with the dentist as a disciplinary measure. Mothers are still found who use physicians, dentists, policemen, and even fathers as bogeymen to frighten the child into good behavior.

Occasionally a child's fear of a dentist has more legitimate grounds. If he has had a painful experience on his first visit to a dentist, he is likely to develop a fear of the dental office. Usually, however, a fear which has arisen in a dental office is the result of a dentist who does not understand children and has handled the child abruptly or unsympathetically.

Behavior Problems

The child who is a crybaby, negativistic, stubborn, sulky, uncooperative, or bad-tempered is another type of problem. When parents train children in poor ways of getting along with others they do children a great injury. With

such children dentists soon come to take the point of view of the psychologist that it is not a question of problem children but of problem parents; particularly of problem mothers.

While every child is different in the specific aspects of his behavior, children have certain basic needs in common, and if one is going to understand how to train children or to handle them he must understand these needs. They are basic physical and psychologic needs.

The physical needs are obvious and highly important—the needs for adequate nutrition, rest, sleep, or active play. The psychologic needs of children are: 1. the need for emotional security—that is, the need to feel that they are loved and wanted by their parents and others, and that they "belong" in the family group, the play group, or the school group; 2. the need for independence—reasonably to make one's own decisions and to run one's own life; 3. the need for achievement—to do things, to make things, to accomplish things; 4. the need for recognition—to win the approval of others for one's conduct and personality; 5. the need for a sense of personal worth—to feel that one's personality and conduct approximate one's own inner standards.

Emotional Security

Modern psychologists conclude that, next to a reasonable amount of food, the most important need of children is to feel secure in the

love and affection of their parents, their family, their teacher, and their friends. Many of the delinquent and neurotic children come from homes where they have lacked emotional security. Stealing, lying, destructiveness, stubbornness, shyness, bad temper, and other poor behavior traits are often the child's response to a world in which he cannot count on love and affection. The baby when born is interested only in himself—in his own whims and impulses. In the normal home, however, he gradually gives up doing entirely as he likes in return for his mother's and later his father's love and affection. Growing up, therefore, is an alternating process and a balancing of gratification and renunciation.

The child who is cheated of his parent's love and affection has no incentive to restrain his selfish impulses. He has no encouragement to learn good ways of living with other people. The things which make children feel insecure in their own homes are parents who quarrel, parents who do not agree on discipline, a parent who is inconsistent in discipline from day to day, too much coddling, too harsh treatment, indifference, too much emphasis on high marks in school when the child has not much academic ability, and a host of other things. Behavior manifestations cannot, therefore, be taken at their face value. Children are not naughty because of "cussedness." Their behavior grows out of their attempts to meet unfulfilled needs.

While no dentist can attempt to make up to a child for years of insecurity in the latter's own home, yet an understanding of a child's behavior is important in handling him. Anyhow, the dentist needs to help all children to feel secure with him—to feel that he is their friend and is interested in them. Furthermore the wise dentist has to know when to exercise firm authority. Insecure children need an orderly world. Quiet insistence on going ahead and genuine friendliness may be helpful to them.

Independence

The second psychologic need of children is for independence. All human beings want to have some reasonable share in running their own lives and making their own decisions. Arbitrary giving of orders usually stirs up resentment in children as well as adults. It is wise handling if a child can be guided. It is important that a youngster feels that having his teeth treated is a job in which he himself cooperates with the dentist.

Achievement

The third psychologic need of children is for achievement. Children can find outlets for the need for achievement in hundreds of ways—in making a good mudpie, in building a house of blocks, in running a toy train, in putting on their own clothes, in playing with others, in washing the dishes, in running errands, in being able to eat correctly at table, in learning

to read or to spell or do arithmetic. Similarly, the child can find in coming to the dentist's office and experiencing dental treatment a real sense of being grown-up—of being able to stand up to a little unpleasantness if necessary in order that he may have healthy teeth and a healthy life.

Recognition

That which is true about the need for achievement applies also to the child's fourth need, the need for recognition. The child is bound to find satisfaction for this need and the question is how shall he find the satisfaction. Many a child receives considerable recognition from others for bad behavior—more than he receives for good behavior. Unfortunately many parents and teachers confine their attention to bad forms of behavior, and when a youngster's behavior is good it is accepted as a matter of course and no comment is made. If one wishes to build up good behavior in children, the beginning of such behavior must have plenty of praise and recognition. Good behavior in children should never be taken as a matter of course; nor should bad behavior be given all the attention.

Sometimes it is wise to permit the mother's presence in the operating room in order to make the timid child feel secure. On the other hand many children put on a "show" for the select audience of their mother. They are naughty because it brings them recognition

and attention from her. Behavior does not take place in a vacuum; children always *behave toward someone*. The child who uses his mother for an audience and who uses bad behavior as a means to control her should not have his mother in the operating room. Indeed, dentists would do well to go further and to make it a rule not to allow a mother to discuss a child in the latter's presence.

Sense of Personal Worth

The final need of children is for a sense of personal worth. Every human being has this need. There can be no mental health without some reasonable satisfaction for this need. The child can find it by being kind, considerate, generous, honest, and truthful, and through worthwhile accomplishment in school work, sports, music, art, or dramatics; or he can find it in being outstanding as a bully, a thief, or a roughneck. The dentist, however, must contribute to the development of a child's self-esteem by planning so that the child's cooperation in the dental chair ministers to self-esteem.

The problems that occur in dental offices are not all the result of the characteristics of the patients. The degree of maturity of the dentist is highly important. So is his understanding of child nature or of human nature for that matter.

Saskatoon, Saskatchewan
Canada

One of your colleagues suggests ways to improve the status of dental officers in the armed forces.

Clean Up The Caduceus

By AN EX-ARMY DENTAL OFFICER

IS THE DENTAL profession going to settle back complacently, now that hostilities are over, and make no attempt to correct the indignities and mistakes inflicted upon the members of the Dental Corps during the recent war? Any dentist who wore a uniform is aware of the conditions that need correcting, but neither "gripping" while in Service, nor apathy in civilian life, will correct them. The final solu-

tion can only be the result of the efforts of the profession as a whole.

First, autonomy for the Dental Corps must be secured. No medical officer can understand the problems confronting dental personnel. Why, then, impose upon him the duties of deciding the policies and solving the problems of the Dental Corps?

During the war some medical officers failed to become acquainted with the benefits of modern dentistry. I recall one Base Sur-

geon who said that he considered the dental department the least important of all departments in the hospital. Other officers must have been aware of the importance of dentistry, however, or they would not have been so concerned about the dental welfare of the individual soldier, especially those who were in the Air Forces.

Autonomy would also allow the Base Dental Surgeon to see that accommodations comparable to those furnished medical officers were made available to dental officers. I believe that this glaring discrimination created much resentment.

Autonomy is a "must" for the Dental Corps—let's secure it.

Rank for Dentists

Authority is another subject which is closely related to that of autonomy, and any discussion of authority involves the subject of rank.

The phrase that received so much prominence in dental literature not too long ago—"rank without authority"¹—would be much closer to the truth if it were changed to read "no rank and no authority."

Apparently a dentist is considered too dumb to command troops even though he has completed a college course and is intelligent enough, and is so authorized by both civilian and military authorities, to operate on the human anatomy, and also has sufficient

knowledge of applied psychology to conduct a successful dental practice. Are the requirements and abilities of dentists inferior to the graduates of government military schools, and to the graduates of Officer Candidate Schools?

"Status Quo"

In attempting any change in matters military, civilian dentists must realize that they are up against a peculiar system which distrusts and will fight any attempt to change the "status quo." A military man is *first* a soldier and *second* a professional man. Many a worthwhile suggestion is buried going "through channels" because it offers no opportunity to inflate the ego of someone along the line. Changes *can* be made through the Congress of the United States, however, and it is here that organized dentistry can make its power known. The individual dentist must take the time to support Congressional measures by communicating directly with his senators and representatives as well as committee members directly concerned with the proposed corrections. Dentistry must be prepared to show Congress that any changes we propose will not only increase the efficiency within the armed forces but offer the country a more speedy mobilization of Dental Corps personnel. Military experts all admit that next time our country will not have the opportunity for mobilization that we had in the last two wars.

¹Ryan, E. J.: Rank Without Authority, *ORAL HYGIENE* 33:932 (July) 1943.

The American Dental Association should create a Committee on Mobilization and National Defense; similar committees might also be created by each state society to compile the necessary data within each respective state. All dental students, upon graduation, would be compelled to take a physical examination such as is given when one enters the Service, and the same physical examination would be a prerequisite to membership in organized dentistry for every dentist now in practice. All dentists would also be classified as to age so we could know at all times how many men of each age were available for military service.

Each year, at the time the annual dues were paid, each dentist would be required to have a physical examination to determine any change in his physical status which might affect him so far as military service is concerned. This information would be compiled at national headquarters where the files would be located. Yearly publication of statistics based upon the requirement of two dentists per one thousand troops, or whatever proportion the military consider necessary, would indicate to each dentist his status so far as possible military service was concerned.

National mobilization would destroy sources of resentment, such as the state quota system, which existed during the last war. It also should eliminate the situation wherein a dentist in his twenties

or early thirties is declared essential to the welfare of the community in which he happens to be located. This young dentist could be taken into the Service and an older man could be required to serve this community instead of being taken into the armed forces.

This committee also might consider why a dentist capable of standing at the dental chair for long hours, overburdened with a swollen wartime civilian practice, can be considered unfit physically to serve eight hours a day in a Service dental clinic within the boundaries of the continental United States.

This national committee would also be required to determine, from information furnished them by military authorities, how many dentists would be needed as commanding officers in charge of dental clinics for the armed forces. These dentists would probably be from the older age groups, and should be selected *carefully* by their component societies. They should be men who possess professional ability and experience, and the ability to command the respect of the men who would serve under them. They should be men who have the welfare of dentists and dentistry at heart, and who are willing to serve in a time of national emergency. Such men would be appointed to these positions.

Such an organization, or any improved version of it, would eliminate for dentistry the present

Reserve Officers Corps with all its attendant inefficiency. I do not believe, speaking in generalities, that the better men in the profession have had any inclination to accept reserve commissions in the past.

Little, if anything, has been published on the intimate workings of the Dental Corps. Civilian dentistry has only been given the production figures of completed dental operations. *Absolutely nothing* has been presented to tell civilian dentists of the ignorance and inefficiency of the system under which dental officers were com-

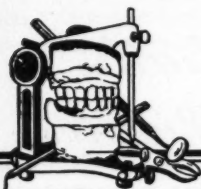
pelled to serve. The fruits of this type of organization have been resentment, bitterness, and a lack of patriotism. Prove this last by determining the number of professional men who willingly accepted reserve commissions at the time of their separation.

Frankness, open thought, and honest discussion will provide a solution for the problem. Then, with a united front and a determination that refuses to accept defeat, dentistry can be assured of its rightful position in the armed forces.

ANSWERS TO QUIZ XXXII

(See page 829 for questions)

1. (a) an antiseptic, (c) a disclosing stain. (Accepted Dental Remedies, 11th Edition, American Dental Association, 1945, page 137)
2. (a) accelerate. (Appleton, J. L. T.: Anti-Infectious Properties of Saliva—A Review, Am. J. Orth. & Surg. 31:662 [November] 1945)
3. Yes, with the buccal branch of the facial nerve.
4. A partial denture may be supported by any of these. (Anthony, L. P.: The American Textbook of Prosthetic Dentistry, Lea & Febiger, 7th Edition, 1942, page 671)
5. (c) a week after insertion. (Paffenbarger, G. C.: Silicate Cements, J. Mich. S. D. Soc. 27:217 [October] 1945)
6. Yes, though accidental injuries may produce a similar condition. (Anthony, L. P.: The American Textbook of Prosthetic Dentistry, Lea & Febiger, 7th Edition, 1942, pages 864-865)
7. Ether favors bleeding. (Accepted Dental Remedies, 11th Edition, American Dental Association, 1945, page 36)
8. (b) late. (Hill, T. J.: Oral Pathology, Lea & Febiger, 3rd Edition, 1945, page 32)
9. True. (Hill, T. J.: Oral Pathology, Lea & Febiger, 3rd Edition, 1945, page 166)
10. No, under no condition should more than one administration be given. (Accepted Dental Remedies, 11th Edition, American Dental Association, 1945, page 36)



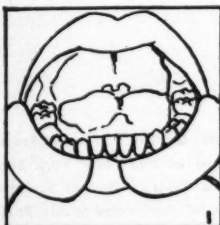
Technique of the Month

Conducted by W. EARLE CRAIG, D.D.S.

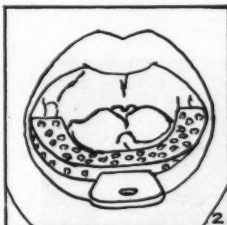
Drawings by Dorothy Sterling

Reproducing a Model in Low-Fusing Metal

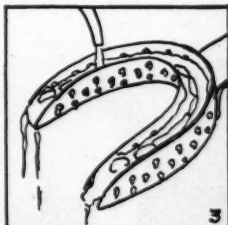
By HENRY B. ANDERSON, D.D.S.



The case to be considered: a lower with teeth in position.



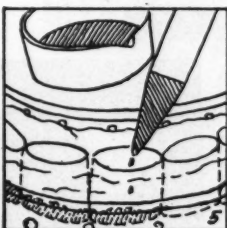
Take a lower impression in the usual manner in colloid.



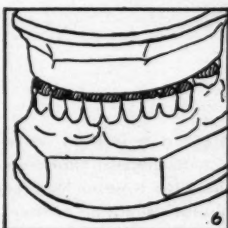
Wash colloid impression thoroughly with water syringe.



Dry impression thoroughly with air and cotton pledgets.



Having melted low-fusing metal in ladle, use eye dropper to drop enough metal into impression to fill all incisal and occlusal surfaces, and finish impression by pouring in plaster.



The result is an extremely accurate model which cannot be scraped, and accurate articulation can be secured.

Portraits and Profiles

OF AMERICAN DENTISTS

By **HOWARD A. HARTMAN, D.D.S.**



Left: Gustav P. Frahm, President of the New York Second District Dental Society; and C. Raymond Wells, Past-President of the American Dental Association and recipient of the Legion of Merit.

Right: (left to right) Willard S. Bell, General Chairman of the 1946 Greater New York Dental Meeting; Walter T. McFall, Vice-President of The International College of Dentists; and M. Don Clawson, President of Meharry Medical College.



The International College of Dentists Meeting in New York

Right: William McGill Burns, American Dental Association Trustee from the Second District; and Captain Henry Delaney (DC), Dental Inspector of the Third Naval District.



Right: (left to right) S. Lewin Epstein, Past-President of the Palestine Dental Association, Jerusalem; Edwin I. Harrington, Watertown, New York; E. Harvey Richmond, Windsor Locks, Connecticut.



Below: (left to right) David J. Fitzgibbons, Washington, D. C.; Henry Hicks, Greenwich, Connecticut; and Frank Lott, Regent from Canada.



Above: Isidore Teich, President of the New York First District Dental Society; and Walter Quinn, General Chairman of the 1945 Greater New York Dental Meeting.

Chicago Dental Society's Midwinter Meeting

ht: N. Livingstone Ward, Lon-
n, England, and Francisco G.
gagao, Rio de Janeiro, Brazil,
w at Northwestern University
ntal School, visit Chicago meet-
together.



ht: Edgar Coolidge, President of
American Academy of Perio-
ntology, and Paul Cannon, Pro-
ssor of Pathology, University of
icago, attend the first meeting
the American Academy of Oral
thology.



ow: (left to right) Julio Cesar
z, Pedro Salzar, Oscar A. Mais-
and Mario Craviotto, all of
ones Aires, discuss the program
the Midwinter Meeting.





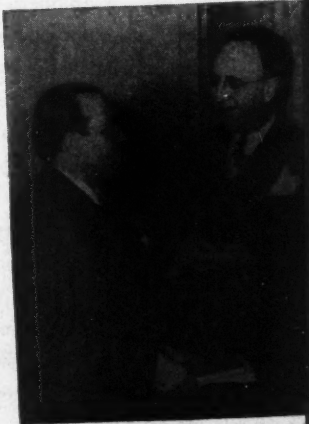
Above: Officers of the American Academy of Oral Pathology at their Chicago meeting are (left to right): Hamilton B. G. Robinson, Editor; James Roy Blayney, Second Vice-President; Kurt H. Thoma, President; Colonel Joseph L. Bernier (DC), Secretary-Treasurer.



Above: (left to right) Lourdes B. Concepción, Rizal, Philippine Islands; Anna-Lisa Ericsson, Malmö, Sweden; Elena M. Perez, Sta. Maria, Bulacan, Philippine Islands, meet their dental colleagues in Chicago.



Right: Humberto Aprile, President of the Argentine Dental Association, and Daniel F. Lynch, Chairman, International Relations Committee of the American Dental Association meet in Chicago.





Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton

OBSERVATIONS ON RETIREMENT

SINCE THE beginning of the present century the life span has been increased from 49.7 to 65.1 years. More people every year are being freed from their life activities and are going into some form of retirement. The release from the routine demands of a vocation allows them to devote their energies to their hobbies and permits them to follow activities that have previously been denied them. As something to look forward to, a life of retirement holds a pleasant promise. In actuality, however, retirement often means long hours of boredom and unpleasant introspection focused on bodily ills and familial discords. The freedom to do as one pleases, without the tyranny of regular office hours and a stiff appointment schedule, is not always an unmixed blessing to a dentist.

Wherever old people gather, whether it be in Excelsior Springs, St. Petersburg, or Southern California, one will see a number of restless, crotchety, querulous souls hungering for something to do. Playing shuffleboard, dozing in the sun, and listening expectantly for the dinner bell, are not sufficient activities for a person who has known a life of work. The incomplete life of leisure encourages the cataloguing of ailments of the flesh and of the spirit. This kind of introspection never did anyone any good.

Everyone who has commented on the philosophy of retirement has emphasized the importance of developing a pattern of interests early in life that can be carried over and enlarged in the later years. That is sound advice, but it doesn't go far enough. Of as much importance is the need for a place to enjoy leisure in pleasant and comfortable surroundings, among congenial companions, and at a price that can be afforded

by the average person. In the case of dentists, that would certainly mean at modest cost.

For years we have been harping away in this magazine on the idea of a retirement home for dentists. We have received encouragement from many readers to continue the campaign. We hasten to say again that a retirement home is not a poorhouse or a place of asylum for the disabled. It is a place to which any dentist and his family may retire to live in contentment after his days of active practice are *past*. Although there is a rising sentiment among dentists who favor such a home, nothing tangible has been developed. Such a project should be undertaken by the American Dental Association and not by any private promoter for his own profit. If it is necessary to increase the dues of the Association to accomplish the purpose, that should be done.

Because dentists are not eligible for social security benefits at any age, they must make their own plans and finance their own retirement. The kind of home that should be created is in no sense one for the destitute or the unfortunates. The dentists in this group certainly should be cared for as they now are under the excellent relief program of the American Dental Association, but a retirement home should also include the many dentists who are entirely capable of paying their own way. There is no reason why such a project could not be self-supporting.

Whoever may hold doubts concerning the need for a retirement home, should make the effort to talk to two or three dentists who have been compelled to leave practice because of age or ill-health. Any preconceptions the inquirer may hold at the peak of his own physical and economic vigor, will be changed by hearing at first-hand the experiences of dentists who have entered retirement. The story is not always a pleasant one: It is the recitation of hours of unrest and boredom and the denial of association with people of similar interests.

Edward J. Ryan



Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Pain in Molar Area

Q.—I have a patient, a woman 77, who is edentulous and who complains of a sharp intermittent pain in the lower left first molar area. This pain started two years ago and increased in intensity for one year. She went to a dentist who gave her an injection of alcohol. After four months the pain began again; she went to another dentist who gave her a series of three alcohol and chloroform injections, both mandibular and mental. She had no relief from these treatments.

The pain lasts for about thirty seconds, then goes away. It returns about every five minutes. If pressure is applied over the affected area, the pain goes in about five seconds. She describes the pain as "like that when a tooth is drilled."

This is definitely not a tic douloureux. I believe it is an involvement of the branch of the fifth cranial nerve, but I have not had any success in relieving the pain with an alcohol injection.

I should appreciate your diagnosis and any suggestions for treatment.—E. D. S., New York.

A.—In a case such as you present in your recent letter one immediately thinks of tic douloureux. But while the sharp and intermittent character of the pain points to a "tic," the rest of the symptoms are not clear.

We had one case in which the inferior dental nerve was pinched by the narrowing of the canal. However, the pain was constant in this case. We overcame the condition through surgery. It seems to me

that inasmuch as alcohol has become ineffective in this case surgery is indicated. The canal could be opened in the third or even second molar region and a section of the nerve removed.—GEORGE R. WARNER.

Resorption of Bone

Q.—I have a patient 50 who has been wearing full upper and lower dentures for four years. In the lower anterior area, labial, there has developed a fold in the tissue from the periphery of the denture almost to the crest of the ridge. It is covered by the denture. The edge of the fold is a greyish white color. Would it be wise to excise this tissue? What would be the probable cause of this condition?—A. S. L., Pennsylvania.

A.—No doubt there has been a radical resorption of the bone of the ridge leaving this fold of soft tissue. I think it would be advisable to rebase, cutting this away on the cast in the flask and removing it surgically in the mouth at the time rebased denture is delivered to the patient.—V. CLYDE SMEDLEY.

Use of Acrylic

Q.—I have heard that there is a method for polymerizing acrylic resin in the mouth, but have no information as to the results. One of my patients has an immediate insertion fixed bridge with acrylic pontics about which there is gingival shrinkage of about 1 mm.

If it were possible to cure acrylic directly in the mouth, it would greatly

Justi-facts

64

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464. As a general rule a water soluble sterilizing or cleaning agent is safe to use to sterilize or clean plastic tooth dentures or the DENTA PEARL Shade Guide.
465. Of over 140 full MUCO-SEAL cases constructed in our Research Clinic since 1943 — not one denture has fractured — MUCO-SEAL design plus strengthening effect of DENTA PEARL Teeth are undoubtedly responsible.
Also — no teeth have fractured!
466. Counter to common thought — the patient is unaware of the difference between a thick, strong palate — and a thin, weak palate of a denture, — unless conditioned by the dentist beforehand.
467. FILM-AC will not form a film on teeth, will not inhibit polymerization and will give perfect separation without bleaching — and may be used on model side to eliminate tinfoil and cellophane creases.
468. Caution! — Certain competitive products now carry directions similar to MUCO-SEAL, thus implying the products are the same or will give the same result. Only MUCO-SEAL and MUCO-GLAZE will attain Mucosal-Seal Principles.
469. Upper dentures can have the same positive retention as lower dentures, — yes, we mean lower dentures. Write for the new booklet on Positive Retention.

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simplify this problem. Have you any information that might help?—A. J. D., California.

A.—If a method has been perfected for correctly polymerizing acrylic resin in the mouth we are not yet familiar with it. We tried the material recommended for this purpose some time ago and found it was entirely unsatisfactory.—V. CLYDE SMEDLEY.

Dental Contracts

Q.—Could you suggest a form of contract to be used in my office, one that would not be too offensive to the average patient? I am in an ethical general practice; most of the estimates are given to my patients verbally. The result is, in a few cases, that patients fail to pay small balances and often justify it on the basis of not remembering the exact amounts quoted at the first visit to my office.

Also, please advise me how to go about handling quotations or estimates when young patients, under 21, appear at my office. Usually these youngsters come along with their friends. I never have an opportunity to see their parents. Is it better to refuse treatment, particularly extractions, in such cases until I have an opportunity to obtain consent from the parents or guardian of the patient?

Any information you could offer will be greatly appreciated.—H. L., Pennsylvania.

A.—It is good practice to write estimates for services to be performed on the examination chart with a carbon copy for the patient. Such an estimate should specifically provide for an extra fee for extra services or any change in the type of services that should merit a higher fee. The foregoing plan is satisfactory for patients with whom you are acquainted or whose credit rating is good.

If there is to be a long series of high fee services, a good plan to

protect yourself is to write a letter giving the fees and possible changes in fees and enclose a form for the patient to sign and mail back to you. The form can include a statement such as: "I have received your letter in which you state that your fees for your services to be rendered for me will be \$000, or possibly \$000 if certain changes in the services to be rendered appear necessary as the case develops. I understand the details of your letter and the fees, accept them, and agree to pay the fees named as the services are completed (or upon presentation of a statement the first of each month)."

In some cases it is desirable to have a promissory note signed providing for regular monthly payments. Some banks and loan companies will discount such notes and make the collections. This is a good plan.

All services for minors should be endorsed by parents or guardians in writing unless one is well acquainted with the family. In this case a verbal permission to perform certain services and accept given fees is sufficient. No general anesthetic should be given a minor without the permission of the parent or guardian.—GEORGE R. WARNER.

Vitamin C

Q.—Could you tell me if there is any change in the vitamin C content of oranges which have had color added? I have been asked by several patients whether these color-added oranges have as much vitamin C as the regular oranges.

Could you also tell me just what "color added" stamped on these oranges means?—M. L., Pennsylvania.

A.—After some considerable

WHATEVER ITS NAME . . .

Ulcerative gingivostomatitis otherwise known as ulcerative stomatitis, necrotic gingivitis, ulceromembranous gingivitis, phagedenic gingivitis, "trench mouth", "putrid mouth" or Vincent's disease is an anaerobic infection.

The use of oxygen-liberating drugs is one of the best methods for treating this anaerobic infection of the mouth, whatever its name.



'VINCE', a pleasantly flavored preparation, contains 96% sodium perborate, 3% magnesium trisilicate and 1% calcium phosphate; the sodium perborate releases not less than 9% of its own weight in oxygen.

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- a powder: sprinkle on toothbrush
- a paste: mix with a little water
- a mouthwash: dissolve in water

'VINCE' is supplied in packages of 2 and 5 ounces.

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search I have, with the aid of a government chemist, found the following in answer to your questions: Oranges which ripen green are dipped in Orange I, a commercial dye, probably derived from oranges, to make them salable. Oranges which are picked before they are ripe are artificially ripened by carbon dioxide or ethylene chloride gas. This process increases the juice of oranges and does not decrease the percentage of vitamin C. However, tree-ripened oranges have more juice and more vitamin C.—GEORGE R. WARNER.

Inflamed Mucous Membrane

Q.—I have a patient, a man 65 years of age, who has worked for a canning company since 1936. About eighteen months ago a fixed bridge was placed in his mouth, and about two months later he noticed swelling and pain in the mucous membrane on the left cheek which was the same side as the bridge. Soon the membrane became puffy and wrinkled. The irritation then localized in and around the parotid duct.

He chewed tobacco, but stopped when the condition developed as the tobacco taste made him ill. He has the typical tobacco chewer's teeth with one amalgam restoration on the distal and occlusal sides of the right lower first molar, and one on the mesial and occlusal of the second molar. He has had some sinus difficulty, and he drinks occasionally.

About three weeks ago, I removed the bridge and found it contaminated and odorous. A smear showed staphylococcal infection. Roentgenograms have been made.

I should be glad to receive suggestions as to what the condition might be and any possible treatment.—E. D. D., Arkansas.

A.—Without seeing your patient or roentgenograms of his mouth, one cannot do much more

than speculate about the condition. Working in a canning plant probably has nothing to do with the condition, or it would have developed earlier in the ten-year period. What type of fixed bridge he had I do not know, so I cannot say whether the unpleasant odor came because of the bridge being uncleanable or from leaks under the attachments. When a poorly fitted inlay or shell crown is removed the cement is usually so impregnated with bacteria and their products that the odor is most redolent.

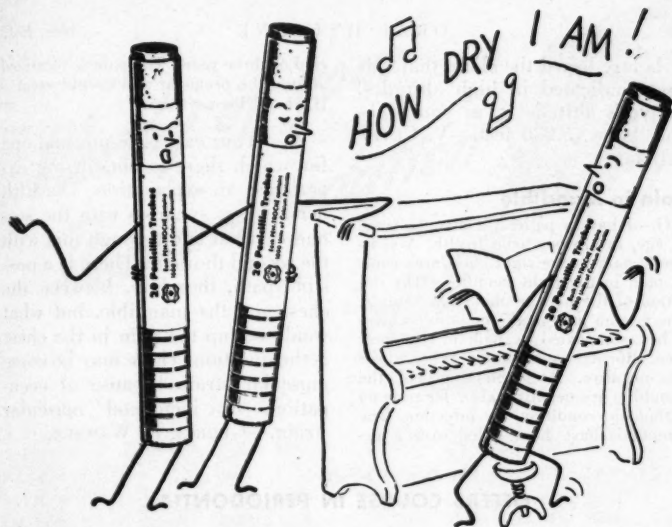
The condition of the cheek may result from trauma from biting by the badly worn teeth or from irritation from their sharp edges. The cheek condition could be a herpes or a lichen planus, as we are seeing more of these conditions in the mouth now than formerly. He probably has Vincent's organisms complicating the condition and for this we have immediate beneficial results from the use of penicillin troches which are put out by nearly all the pharmaceutical companies. If it is lichen planus or herpes, a dermatologist or general physician should prescribe the treatment.—GEORGE R. WARNER.

Anesthesia

Q.—I am curious to know if there is a connection between altitude and the effect of nitrous oxide-oxygen. Reno is about forty-two hundred feet, and there is little or no nitrous oxide-oxygen given as physicians claim it is difficult to obtain anesthesia because of the altitude.

Are there any dentists in Denver using nitrous oxide-oxygen as analgesia for operative purposes?—L. G. J., Nevada.

A.—Nitrous oxide-oxygen is used both for anesthesia and analgesia in Denver, and we have nev-



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To keep penicillin *stable*, you have to keep it *dry*!

That's why *no water* is used in massing Pen-Troches Cutter.

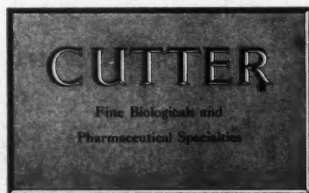
And why Pen-Troches are available *only* in sealed, moisture-proof vials, never in bulk—as even atmospheric moisture is "poison" to penicillin stability.

Slow-dissolving, Pen-Troches maintain a high penicillin level in the saliva. Each troche should last a *full two hours*—with no aromatic flavoring to provoke "tonguing and chewing."

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er before heard the claim that it is contraindicated in high altitudes. Denver's altitude is, as you probably know, 5,280 feet.—V. CLYDE SMEDLEY.

Pain in Mandible

Q.—I have a patient, a man 31 years of age, in obvious good health. A spasmodic pain in the right chest area causes pain in the right mandible. The duration of the pain is about one minute. There is no pain in the mandible unless it is accompanied by pain in the chest area. Roentgenograms for tuberculosis are negative. Roentgenograms of the mandible are negative, also. There is no pathologic condition, no infection. The symptoms have been noted over a pe-

riod of three years. The pain is localized around the premolar and cuspid area.—H. H. F., Pennsylvania.

A.—Your case is an unusual one for which there is not, in my experience, an explanation. The fifth nerve has a synopsis with the second cervical and through this with the second thoracic. There is a possible path, therefore, between the chest and the mandible, but what would set up the pain in the chest is the question. There may be some muscular strain because of occupation, or incidental muscular strain.—GEORGE R. WARNER.

OFFERS COURSE IN PERIODONTIA

DOCTOR BALINT ORBAN announces a course in periodontia to be held in Colorado Springs, Colorado, September 2-19. This course will include theoretic as well as practical instruction in histopathology of the supporting tissues, etiology, classification of periodontal diseases, diagnosis, problems of treatment, home care, and related subjects. Gingivectomy and postoperative treatment will be demonstrated on patients.

Because of the housing difficulties in Colorado Springs, those who are interested should write to Doctor Orban at 180 North Michigan Avenue, Chicago, Illinois, as soon as possible. The attendance will be limited.

THE COVER

THE COVER this month is dedicated to Child Health. The picture shows lovely Susan Keim. The dentist is her father, Doctor H. F. Keim, Overland, Missouri. Doctor Keim is an amateur photographer.

VETERANS' CLEARINGHOUSE

ORAL HYGIENE will continue to print free want advertisements for returning Dental Corps veterans and for other dentists who may have opportunities to offer veterans. Please send these advertisements to the ORAL HYGIENE publication office at 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania—not to the editorial office.

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Laffodontia

Professor: "Have I told you this joke before?"

Student: "Yes."

Prof: "Good, then maybe you'll understand it this time."

★

"No, you haven't said anything, but you've been listening in a most aggravating manner and I don't intend to stand for it."

★

Math Prof: "If there are forty-eight states in the Union, and super-heated steam equals the distance from Bombay to Paris, what is my age?"

Frosh: "Forty-four, sir."

Prof: "Correct, and how did you prove that?"

Frosh: "Well, I have a brother who is twenty-two and he is only half nuts."

★

"Pardon me, does this train stop at Tenth Street?"

"Yes; watch me and get off one station before I do."

"Thank you."

★

If you talk about your troubles
And tell them o'er and o'er,
The world will think you like them
And proceed to give you more.

★

"And how's your wife getting along with her driving, Abe?"

"She took a turn for the worst last week."

★

"Do you know what good, clean fun is?"

"No, what good is it?"

A man with a little black bag knocked at the front door.

"Come in, sir, come in," said the father of fourteen children, "and I hope to goodness you're a piano tuner."

★

A suspicious wife made a surprise call at her husband's office. Encountering his pretty secretary, she introduced herself and added:

"I'm so glad to meet you, Miss Shapely. My husband has told me so little about you."

★

Army Doctor: "Who's on the sick list today?"

Orderly: "Lieutenant Busby complains of pains in the abdomen and Private Smith has a belly ache."

★

Betty, the five-year-old, met the caller at the door. "Alice isn't here," she replied to the caller's inquiry about her big sister. "She's gone to her class."

"What class does she go to, little Sister?" asked the caller.

"Well, Alice is going to get married, you know, and she's taking lessons in domestic silence."

★

A farmer visited his son's college. Watching students in a chemistry class, he was told they were looking for a universal solvent.

"What's that?" asked the farmer.

"A liquid that will dissolve anything."

"That's a great idea," agreed the farmer. "When you find it, what are you going to keep it in?"



"MY PET PATIENT." says Dr. C. B. S., "is a pseudo comedian who wows himself with all the radio gags I've heard on the same programs myself!"

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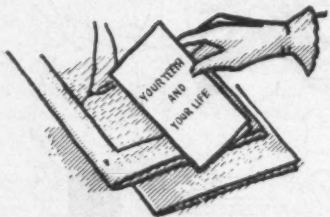
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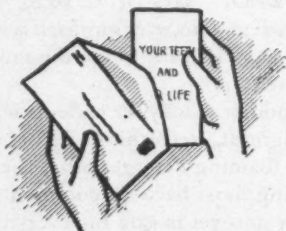
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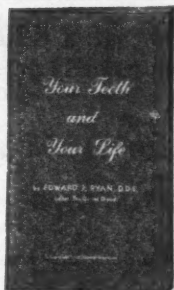
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We have enthusiastic comments from hundreds of users of the pamphlet **YOUR TEETH AND YOUR LIFE** but here is one from a practitioner who has been using the material for some time: "I am enclosing check for \$9.00 for 300 copies of *Your Teeth and Your Life*. I surely hope you have some left as I have been selling a lot of dentistry with this material which I have been using for some years."

The pamphlet is illustrated with ten charts printed in two colors which tell the essential story of the value of proper dental care and the dangers of neglect. This is the fourth reprinting . . . about 350,000 copies have been distributed to date.

We feel that you will want to use this material in your patient-education program once you see it and realize its possibilities. Why not order a trial quantity of 25, *the cost of which is only \$1.00.*



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An entirely different formula - Gives far better results
Your Impressions can be perfect.

Brewster N F Impression Compound

Trial Offer: Send us 33c and we will mail you a
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You can buy this Compound from your dealer or direct from us

E. R. S. Brewster Laboratories

Glenview, Illinois

An Original **HOOVER** Style

A unique pull-through set-in belt
... smart tailored lines... long sleeves
... distinguish this flattering coat-style
Hoover Uniform of White Sanforized Poplin. Sizes 12 to 20... 38 to 42.

Style No. 392 \$6.95 Ea.



HOOVER UNIFORMS
Dept. OH-5, New York 11, N. Y.

Please send me Style No. 392 HOOVER UNIFORMS. Sizes

Name

Address

City and Zone State

A GOOD STOPPING



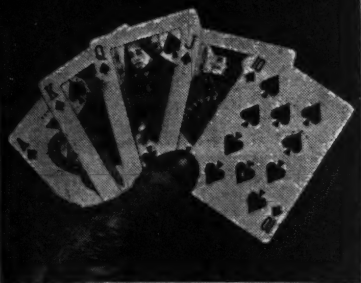
Crescent Stopping



- MADE OF BEST GUTTA PERCHA
- IS NOT MEDICATED
- WILL NOT IRRITATE TISSUE
- LEAVES NO TASTE IN MOUTH

Crescent DENTAL MFG. CO.

1839 S. Pulaski Road
Chicago 23, Illinois



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a Chance?*

GARHART 75% SILVER ALLOYS

give you **PERFECT AMALGAMS** every time!

Complies with A. D. A. Specification No. 1



H. S. G. W.

SPECIAL OFFER!

5-troy ozs. either **ROYAL** or
H.S.G.W. alloys and ½ lb. Av.
POSITIVELY PURE MERCURY.

\$12.00



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SUPER-FIRST**

THINK OF IT!—these great GARHART Alloys are backed by 55 years of experience in research and manufacture.

Why take chances with inferior alloys? Garhart alloys produce fine amalgams with the least amount of silver and alloy. Order Garhart Alloys now. Just mail the convenient coupon below to your dealer or direct to GARHART and we will rush the complete outfit by return mail prepaid.

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Headquarters for refining service. All kinds of filling and die-making alloys. Over 50 years of unsurpassed quality. Write for special offer.

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Send me
(Fill in name of alloy and size wanted)

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Amalgam Scrap Offer ☐ Check which.

..... (dealer's name)

Dr.

Address

City..... Zone..... State.....

GARHART

Fine Filling Materials
Since 1892

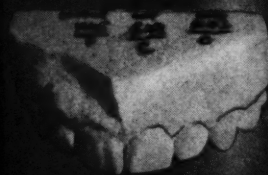


- A. The Family Trait Recorder
- B. Wax adapted to instrument
- C. Taking Labial impression
- D. Impression cooled and dried
- E. Mold poured in plaster
- F. Model is trimmed
- G. Duplication of recorded set up in Five-Phase or Anthrotomic Anteriors
- H. In the patient's mouth

FAMILY TRAIT RECORDER

... to facilitate the scientific selection of teeth... to model the most probable pattern for the arrangement of teeth in the denture! This special instrument records dominant "family traits" in a three dimensional model to guide the design of "individualized" dentures.

Model for a Family Trait Recorder and instrument both of which have not already appeared in the pages of JOURNAL



"Recorder" models are of inestimable value to Dentists and their Technicians. Through their use, guesswork is eliminated, esthetics may be personalized!

RESEARCH
HAS SHOWN
CONCLUSIVELY
THAT THE
"FAMILY"
SIMILARITY
OF TEETH
PERSISTS
THROUGH
GENERATIONS
AND
IS GOVERNED
BY THE
LAWS
OF
HEREDITY

★ ★ ★ ★ ★ ★ ★ ★

UNIVERSITY



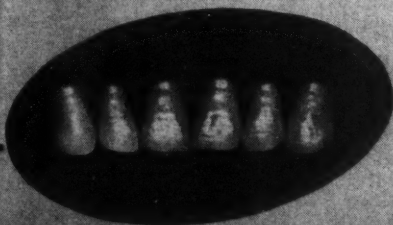
The family similarity of teeth has long been known although the application of this phenomenon in Prosthetic Dentistry is comparatively recent. In each edentulous case, the dentition of a brother, sister, child or grandchild presents a living record of the probable "family" pattern of inherited labial characteristics.

Here then, is thoroughly scientific guidance in the selection and arrangement of teeth for the design of "personalized" dentures!

Five-Phase Anteriors alone, possess the "living" individuality of natural teeth ... thus providing the only means by which all the lifelike characteristics of the patients' teeth are available for reproduction in the artificial denture.



BE SURE TO SPECIFY WITH THE
VERI-CHROME COLOR GUIDE



FIVE PHASE
A N T E R I O R S

when dentists' offices looked like this

... McKesson & Robbins was already an established pharmaceutical house!

Yes, McKesson has been serving public health since 1833... which gives us 114 years of experience and know-how.

So it's not surprising that Calox Tooth Powder—McKesson's famous dentifrice—is all that a dentifrice should be... an efficient cleanser and an excellent polishing agent.

Calox has a wonderful, refreshing taste, too... which helps encourage regular tooth hygiene, especially by children.

When patients ask you to recommend a good dentifrice, we hope you will think of Calox. Because you can *recommend Calox with confidence.*

calox tooth powder





From an old print—Bettman Archive



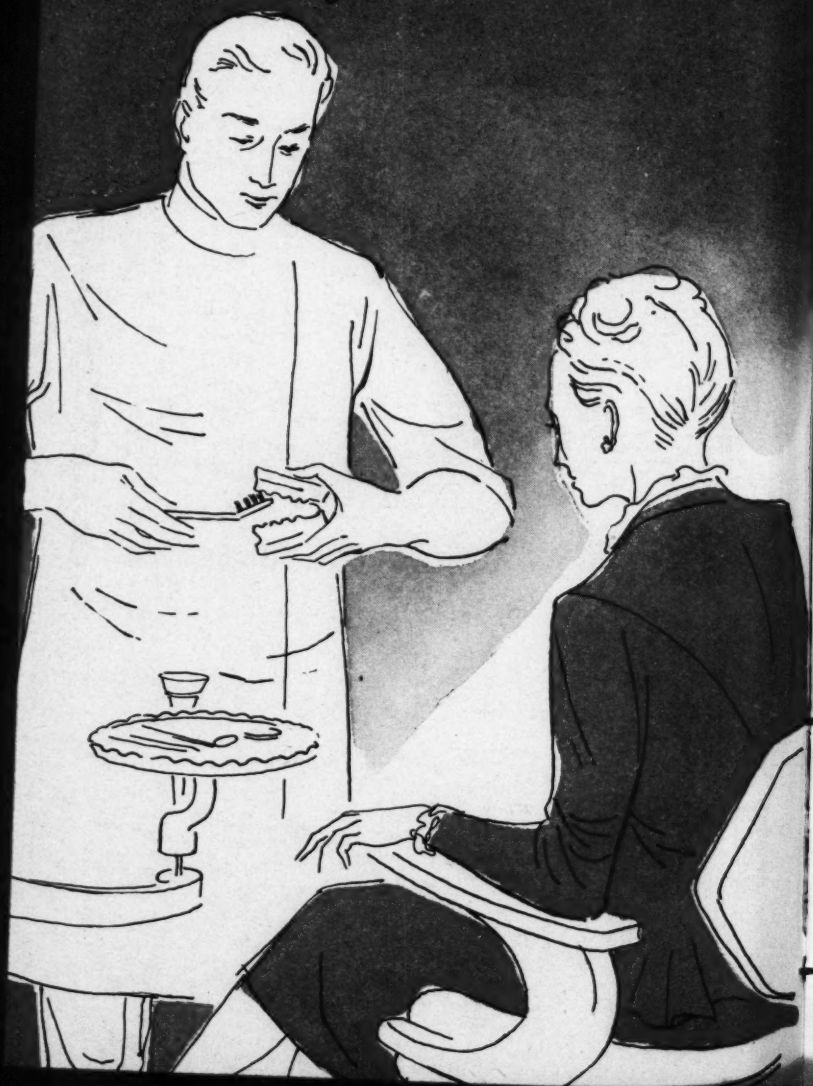
Made with 114 years

of pharmaceutical know-how

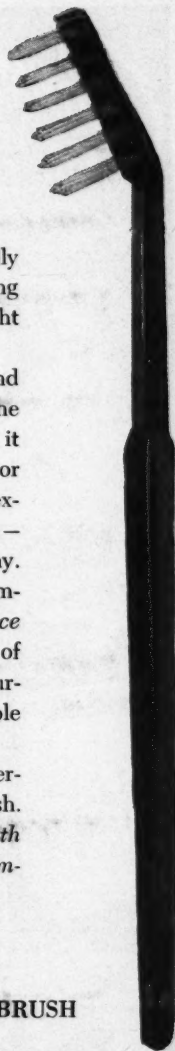
by McKesson & Robbins, Inc.,

Bridgeport, Connecticut.

just 3 minutes



to show her how



She has probably been brushing her teeth faithfully almost all her life. But the chances of her having done it correctly, unless you have already taught her how, are discouragingly low.

The next time you supplement your work and skill and time with a demonstration of one of the proper methods of toothbrushing, won't you do it with a Squibb Angle Toothbrush? The mouth-mirror angle, the jog angle and the narrow shank — all exclusive features of the Squibb Angle Toothbrush — were designed to best fit the demands of oral anatomy.

With this uniquely designed brush you can demonstrate most effectively how to reach *each surface of each tooth*. When you point out the importance of reaching "the forgotten teeth" and the distal surfaces of molars, you can prove how easily accessible they are with this new brush.

Toothbrushing, as you recommend it, is considerably simplified with the Squibb Angle Toothbrush.

And—toothbrushing will be made pleasanter with SQUIBB DENTAL CREAM, a safe and effective "companion in cleansing".

SQUIBB ANGLE TOOTHBRUSH

E. R. SQUIBB & SONS, 745 Fifth Ave., New York 22, N. Y.

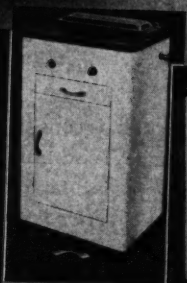
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the advanced automatic development of

AMERICAN SMALL INSTRUMENT STERILIZERS



As applied to these superior private office sterilizers, the term "automatic" is all inclusive. Not only does it imply automatic temperature control of on-and-off operation, it includes PERMANENT safety low-water cut-off . . . automatic "burn-out-proof" safety that protects both instruments and sterilizer.

When left in operation, unattended . . . during an emergency call . . . over a holiday or weekend, no damage to instruments or sterilizer can result. When low-water cut-off occurs, functional operation can only be resumed by replenishing water in the chamber and manually switching on the current. Of the thousands in use, not a single "burn-out" has ever been reported.



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14" and 16" sizes in
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Models. A selection of
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for skilled, sensitive hands

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THE "BEFOREHAND" LOTION

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• For any novice, the development of new muscular controls often calls for a "helping hand". This is particularly true for the edentulous patient, trying to master new dentures. • For him, the extra adhesiveness provided by a light sprinkling of Wernet's Powder helps give the confidence so essential for successful adaptation,

WERNET'S POWDER

TO SPEED THE MASTERY OF THE NEW DENTURE



Free supply on request

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As shown by many investigations, caries resistance is largely a matter of nutrition. Complete satisfaction of all nutritional requirements makes for a low incidence of dental decay, especially in children.

The food drink made by mixing Ovaltine with milk is an effective and pleasant means of increasing the nutrient intake. Two or three

glassfuls daily readily complement to adequacy even an average diet. This dietary supplement provides biologically adequate protein, easily emulsified fat, B complex and other vitamins including ascorbic acid, and the important minerals calcium, copper and iron. Children enjoy this food drink, and take it in recommended amounts.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



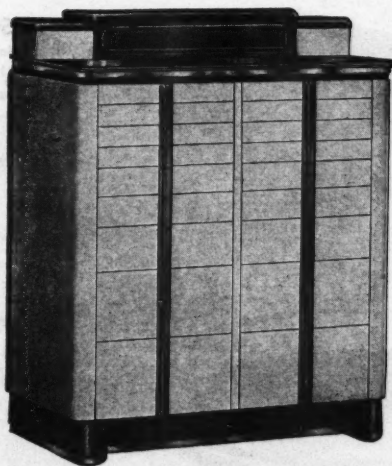
Ovaltine

Three servings daily of Ovaltine, each made of
½ oz. of Ovaltine and 8 oz. of whole milk,* provide:

CALORIES.....	669	VITAMIN A.....	3000 I. U.
PROTEIN.....	32.1 Gm.	VITAMIN B ₁	1.16 mg.
FAT.....	31.5 Gm.	RIBOFLAVIN.....	2.00 mg.
CARBOHYDRATE.....	64.8 Gm.	NIACIN.....	6.8 mg.
CALCIUM.....	1.12 Gm.	VITAMIN C.....	30.0 mg.
PHOSPHORUS.....	0.94 Gm.	VITAMIN D.....	417 I. U.
IRON.....	12.0 mg.	COPPER.....	0.50 mg.

*Based on average reported values for milk.

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WITH THIS AMERICAN NO. 141-A . . .

DOES IT
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- A stainless, unbreakable, grooved working surface?
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- 32 interchangeable glass trays?

The No. 141-A has all these features and more. See it at your dealer today.



*Div. of Hamilton Mfg. Co.

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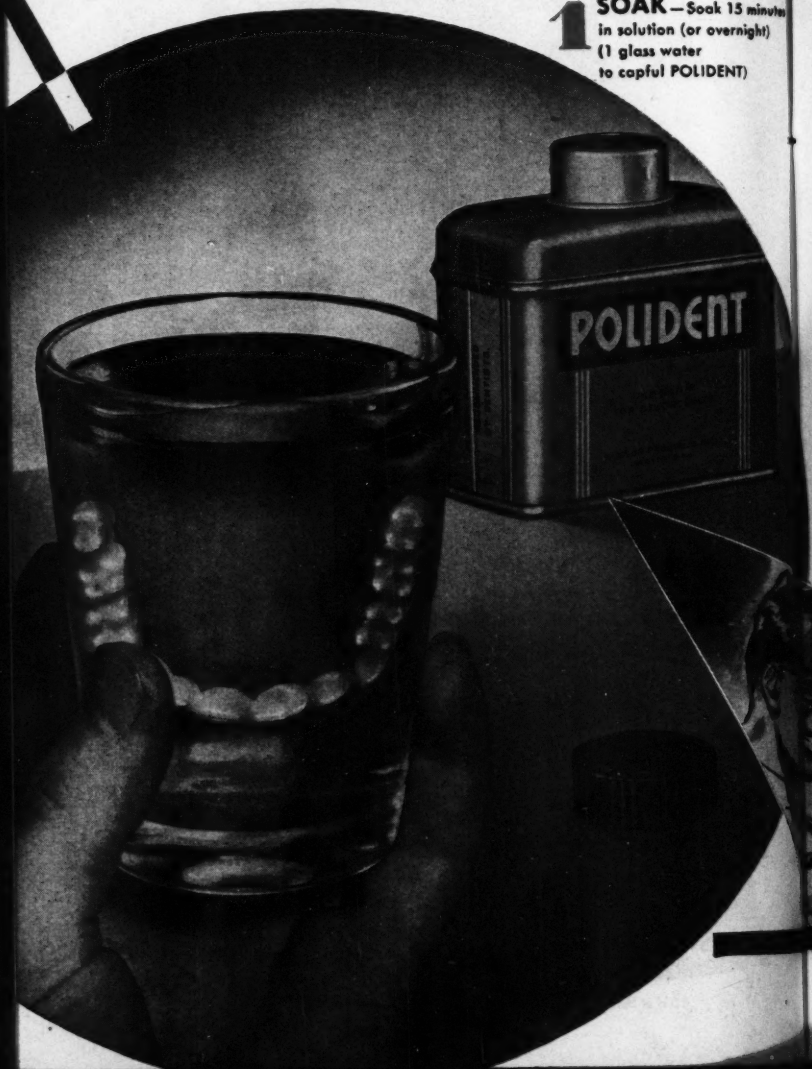
Name

Street

City.....Zone...State.....

BETTER CLEANSING

1 SOAK — Soak 15 minutes
in solution (or overnight)
(1 glass water
to capful POLIDENT)



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(minutes
light)

*Easier
on
the*

**DENTIST
PATIENT
DENTURE**

The POLIDENT method of cleansing dentures is simple, yet it is safe and thorough, and can add years to the life of your patients' dentures.

Soaking in a glassful of POLIDENT solution assures not only gentle, chemical removal of stains, food debris and mucin deposits . . . it also helps avoid loss of proper fit through abrasive brush and powder cleansing. The risk of chipping and breaking due to handling, too, is kept to a minimum. The POLIDENT way is the *easier way* — the *better way* — anyway you look at it!

HUDSON PRODUCTS, INC., JERSEY CITY 6, N. J.

Approved for use by the leading manufacturers of acrylic denture materials.



**KEEP
DENTURES
FIT
WITH**

Polident

2 RINSE — Hold under running water
to rinse . . . **THAT'S ALL**

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Claims, words, clever advertising slogans do sell plenty of products. But obviously they do not change the product itself.

That PHILIP MORRIS are less irritating to the nose and throat is not merely a claim. It is the result of a manufacturing difference *proved** advantageous over and over again.

But why not make your *own* tests? Why not *try* PHILIP MORRIS on your patients who smoke, and *confirm* the effects for yourself.

* Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60

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PHILIP MORRIS & Co., LTD., INC.
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TO DOCTORS WHO SMOKE A PIPE:

We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

Dr. Butler

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VELVET TIP

NYLON BRISTLES

● This new development eliminates harsh, ragged tips through a special process perfected by Dr. Butler. Velvet Tip tooth brushes are available in two textures—hard and extra hard.

This Beautiful Lucite Nail Brush included with 6 dozen of Dr. Butler Velvet Tip Tooth Brushes.

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DENTAL PROFESSION

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Gentlemen: Please send me 6 Dozen of Dr. Butler Velvet Tip Tooth Brushes at \$2.50 per dozen. Include the Lucite Nail Brush for use in my office.

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PLASTOGUM

Easy to mix and handle

Assures finest detail

Accurate muscle trimming

Accurate recording of periphery

Does not crumble or soften from absorption

Is pleasantly flavored

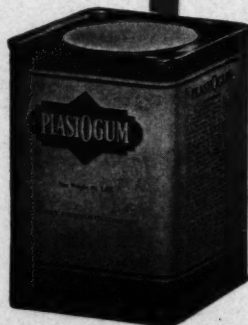
Superior to plaster for corrective impressions

Finer for compound tray wash impressions

For *exact* registration of the finest detail in full denture work, use Plastogum—the *easy-to-use* impression material. Plastogum is highly accurate. It is unequalled for recording the periphery and muscle trimming. It is far superior to plaster for corrective or wash impressions.

Once you have taken an impression with Plastogum you will always keep a can on hand for immediate use. Why? Because it is simple to mix and handle. It won't crumble or soften from absorption. It's economical and that is *important* these days.

Patients like its pleasant flavor—the quick, easy way you take impressions without discomfort to them. We're so sure you'll find Plastogum indispensable in your practice we'll gladly send you a **FREE** sample. Write today.



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FOR STRENGTH • FOR FLEXIBILITY



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BETTER THINGS FOR BETTER LIVING
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Washington couldn't blame his dentist!



Set of artificial teeth worn by President Washington, from the Baltimore College of Dental Surgery.



WHY DENTISTS CHOOSE "LUCITONE" DENTURES

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TRANSLUCENT—create a "real" appearance.

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Today, long periods of painstaking research and development lie behind a new dental product. Such is the case of "Lucitone," Du Pont's denture material. Thanks to the years of constant Du Pont research and manufacture allied with dental know-how, "Lucitone" is a standard of excellence in denture material—combines the most desired qualities for laboratory, dentist, and patient.

"LUCITONE" is the trade mark of the only acrylic resin denture base material completely processed by Du Pont. "Lucitone" is distributed by the L. D. Caulk Company, Milford, Delaware.



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SILV-O-DENT does hard to 4 to 7 minutes—restores decay—softens and saves dental pulp!

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GARMENTS**

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Available in small, medium and large sizes.

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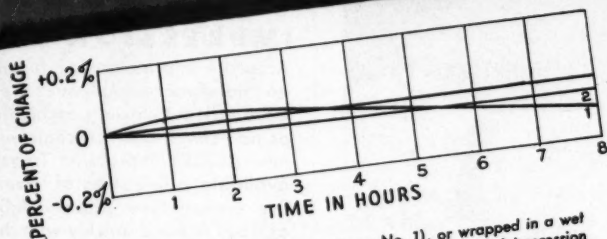
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Manufacturers of apparel for Nurses
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ROCKVILLE CENTER, NEW YORK

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Submerged in water (See Curve No. 1), or wrapped in a wet towel (See Curve No. 2), a Kerr Hydro-Colloid impression undergoes volume change of less than .001—one-tenth of one percent—in 8 full hours. Negligible!

● Your impression with Kerr Hydro-Colloid does not have to be rushed into your laboratory for immediate pouring.

Protect against dehydration and pour that model when opportunity offers. Or send the impression, properly protected, to your dental technician.

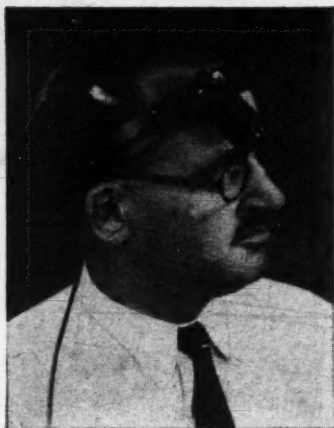
For your Kerr Hydro-Colloid impression undergoes no chemical change during or after impression taking—shrinks less than one-tenth of 1% in 8 hours—holds every little detail—cools rapidly and can be withdrawn from seemingly impossible undercuts—produces partials of reliable fit.

Your dealer again has ample supply.

The new Kerr Compound Heater makes it easy for your assistant to have Kerr Hydro-Colloid ready for your patient's arrival.

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This Hu-Friedy light has been designed to give long service at little expense. It is very sturdily constructed, requires no servicing, uses a minimum of current.

The adjustable condensed-focus concentrates the low-candle-power light to brilliant intensity. Mechanical construction permits perfect ventilation to carry off generated heat.

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Price subject to change without notice.

The Hu-Friedy Mfg. Company
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THE *New* ACKLEY **IMPRESSION TRAYS**

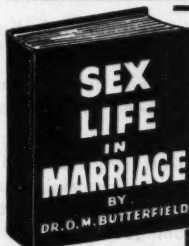
Accurate impressions of functioning and non-functioning tissues are made more easily following a compression or non-compression technic with the new ACKLEY Impression Trays. Now available in five sizes of lowers and five entirely new uppers. Adjusting of trays is done quickly with the tray adjusters furnished with complete outfits.

Complete set \$17.50

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LACTONA TOOTHBRUSHES have a reputation for dependable quality. Accurately labeled textures, to denote the degree of stiffness is the result of carefully controlled bristle mixtures. The Doctor can prescribe a LACTONA BRUSH exactly suited to the patient's needs.

A new circular on tooth brush bristle textures is available. Illustrations of various Lactona brush styles are included. A copy sent upon request. Use coupon.

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Enclosed find \$ _____ (20c per adult brush. Limit: 2 brushes to each Dentist) for _____ Lactona brushes. I prefer _____ texture: (Ex. H., Hard, or Med.; Black or Unbl., Natural bristle, Nylon: Hard, Med., or Soft.)

Please send without charge, pamphlet on toothbrush bristle textures.

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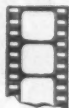
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ask for proof

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have the statistics. Ask them
for particulars or**

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For valuable, helpful information,
on dental plastics, SEE the
sound and color motion picture,
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To grow and prosper, your practice demands **PROOF**
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LUXENE 44 dentures

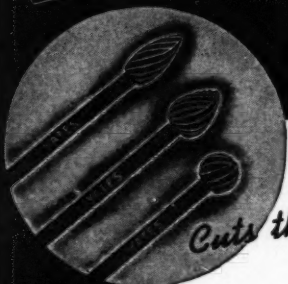


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*Cuts through ACRYLIC like butter
Keenly, Cleanly!*

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**ENABLES YOU TO DO FASTER,
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The material — high speed tungsten steel — **LASTS 5 to 10 TIMES LONGER**, holds its temper in the face of extremely high operating temperatures, and provides a shank which will not bend.

The cut is scientifically calibrated for high-speed performance against the known characteristics of acrylic.

And the newly-designed "chip-pitcher" flutes automatically clean themselves, thus preventing gumming and fouling which are among the disadvantages of the vulcanite bur when used on acrylic.

Your dealer has "Plastikarvers" in stock now, ready for immediate delivery, so place your order **TODAY**.

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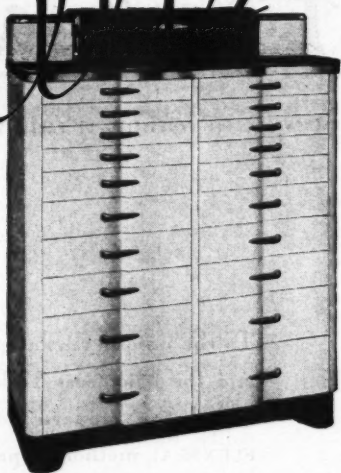
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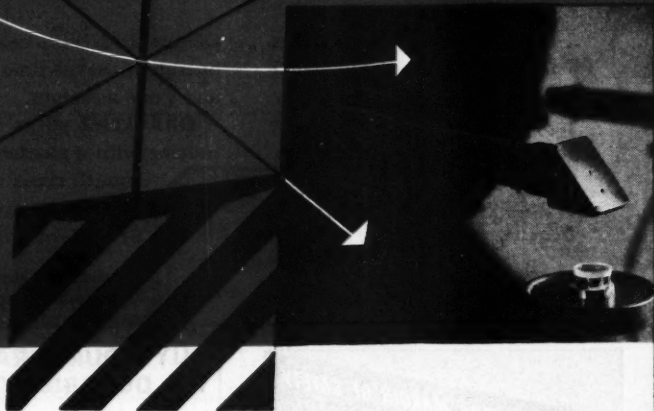
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New Names for Iodine Tinctures

Effective April 1, 1947, the following names become
official in United States Pharmacopoeia XIII and
National Formulary VIII:

1. Iodine Tincture U.S.P. XIII

[Official in U.S.P. XII as Mild Tincture of Iodine]

Formula

Iodine	20 Gm.
Sodium Iodide	24 Gm.
Diluted Alcohol, a sufficient quantity,	
To make	1000 cc.

2. Strong Iodine Tincture N.F. VIII

[Official in U.S.P. XII as Tincture of Iodine]

Formula

Iodine	70 Gm.
Potassium Iodide	50 Gm.
Distilled Water	50 cc.
Alcohol, a sufficient quantity,	
To make	1000 cc.

It will be noted that there are no changes in either formula and, of course, no change in effectiveness. In addition to its value as an anti-

septic and germicide, Iodine continues to serve the profession in many other ways for the prevention, diagnosis, and treatment of disease.

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OF SERVICE TO MEDICINE
FOR PREVENTION • DIAGNOSIS • THERAPY



and uniformly serviceable

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THE BACKING: Steele's P.B.E. backings are made to accurately fit and correctly support Steele's P.B.E. facings; and exact tolerances are allowed for the cement. *Any other* backing may be too tight—setting up a stress in the facing—or preventing it from seating evenly on all flat surfaces, and particularly on the incisal shoulder of the P.B.E. facing. Frequently the post of a substitute backing is too long, so that the facing rides on the point of the post. One should always be sure that a P.B.E. facing seats *freely* and *accurately* before cement-



Steele's

uniform

when properly used

ing it in place—i.e., use the appropriate Steele's backing, and the recommended technic for cementation.

THE BITE: Full mouth models are essential if the technician is to correctly articulate a bridge—on an articulator capable of reproducing ALL the motions of the jaw. Otherwise it becomes necessary for the dentist to balance the bite. In any event the dentist should carefully check the articulation to be sure that no motion of the jaw might concentrate the full force of mastication on a bridge tooth. A balanced bite is particularly necessary if serviceability is expected of porcelain incisals.

When reasonable precautions are observed Steele's P.B.E. facings are thoroughly serviceable. And they make possible a standard of esthetics unequaled by any other facing.

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... is simple to use, highly potent, economical for the cold disinfection of instruments, etc. Simply empty contents into quart of water. No fuss, no bother, no bulky bottles to store. You save up to 50% per quart by supplying your own water.

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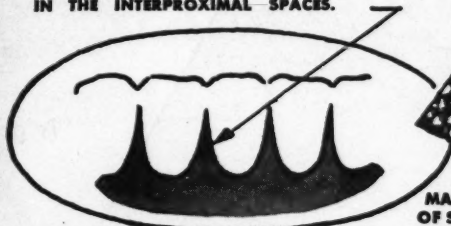
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HERE'S WHY STIM-U-DENTS ARE SO EFFECTIVE

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When gently moved back and forth they produce a
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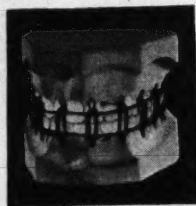
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... Oliver Wendell Holmes
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Also "Waiting Room" and other signs,
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NOW... Faster Recovery of Sterilizing Temperature

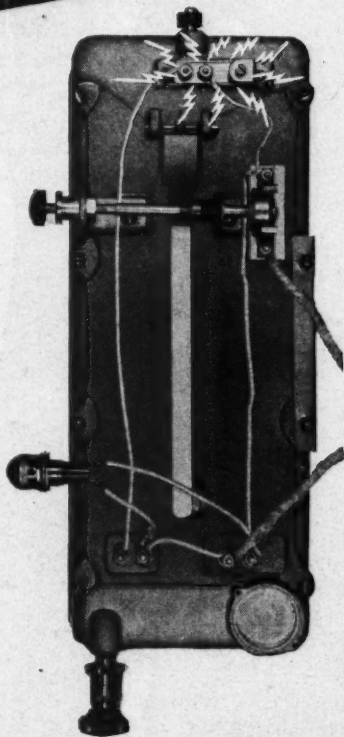
PELTON Presents
*a truly super-automatic
sterilizer... a new war-
time development*

PELTON'S new thermostatic device means faster recovery of sterilizing temperature. When you replenish the water supply in the boiler, the thermostat *immediately* re-engages the high heating element. The result is quicker boiling.

You will appreciate Pelton's new speed and efficiency. It saves valuable time now being wasted by a sluggish recovery of sterilizing temperature.

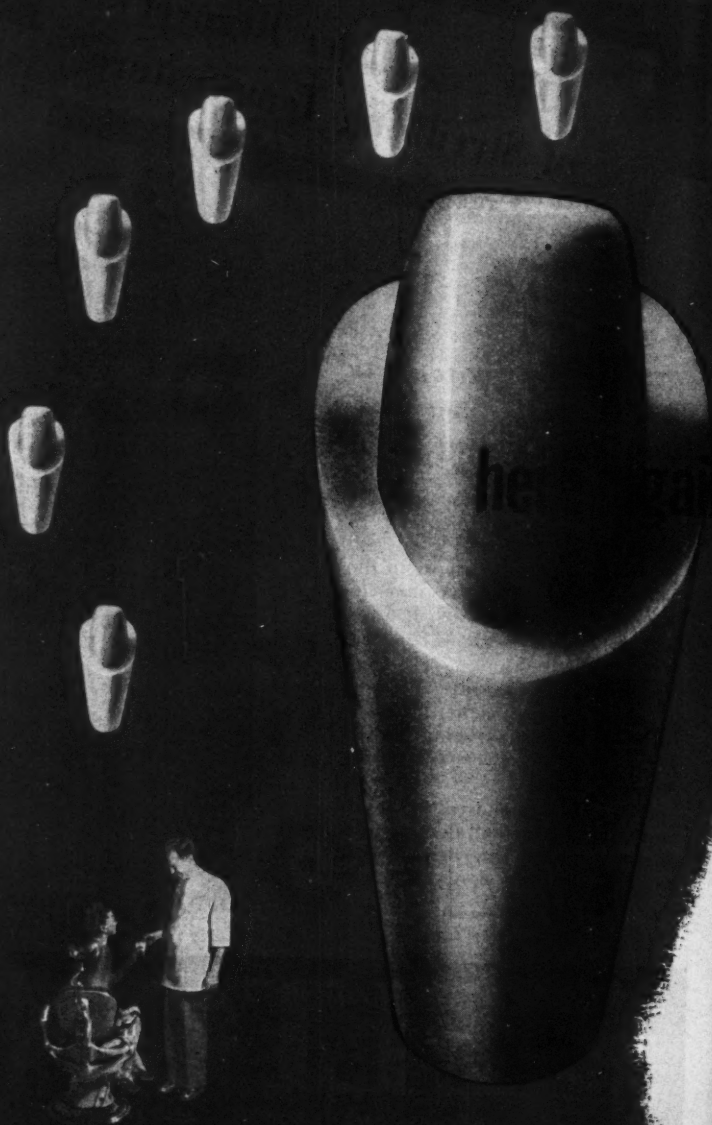
This new thermostat is standard equipment on all Pelton automatic instrument sterilizers. * Ask your dealer for a demonstration.

**For AC operation*



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XUM

A Jacket Crown Nowhere does precise, proper preparation have a more vital bearing on the ultimate success of a restoration—and nowhere is truly adequate anesthesia more essential to just that.

That's why you find such a vast number of dentists who, when they think of jacket crowns, think immediately of Novocain-Pontocaine-Cobefrin . . . knowing from practical experience that the deep, dense, enduring character of its anesthesia, unlike that of so many other solutions, gives unhampered freedom to their operative skill. They also know, of course, that all of these important advantages are theirs without either an increase in vasoconstrictor content or a perceptible decrease in patient toleration.

Apply these tangible advantages to all your difficult-to-anesthetize operative work . . . and let "the difference that's distinctive" perform its distinctive service for you.

"the Difference that's Distinctive"

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Cook-White Laboratories, Inc., 170 Varick Street, New York 13, N.Y.

COOK-WAITE
Laboratories, Inc.

... NEW ...

MASEL

Ready-made Open Face Gold Teeth for Dentures

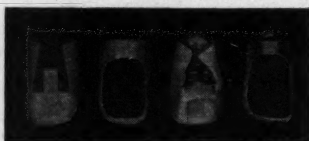


FIG. 1 FIG. 2 FIG. 3 FIG. 4

A new type of Ready-made GOLD TOOTH used in Dentures with a Porcelain Tooth placed inside of Gold Tooth.

TECHNIQUE: Insert porcelain tooth in Open-Face Gold Tooth, making certain the incisal tip of porcelain tooth meets the incisal tip of the gold tooth. In many cases you will have to grind the lingual side of the incisal tip of porcelain tooth slightly because some porcelain teeth are thicker at the incisal tip than our gold teeth. If it is necessary to slit the Open Face Gold Tooth do so at the lingual side so that porcelain tooth may be inserted. Burnish the gold around the porcelain tooth as close as possible as illustrated in figure 3.

Prices: B. . . \$1.50; C. . . \$1.85; D. . . \$2.25; E. . . \$2.60; F. . . \$2.90. Order from your dealer or write us for illustrated folder.

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New . . . Successfully Tested

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for
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Saliva Ejector,
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DOCTOR: Dental Isolator Offers These Unique Features:

Keeps field of operation dry and visible; Depresses tongue; Retracts cheek; Cotton-rolls held securely; Rolls protected from engaging burs; Quickly adjustable to all mouth conditions; Saliva is filtered through cotton-roll maintaining continuous suction; Easily held by patient or assistant; Adaptable to all lower mouth dentistry.

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May we show you how we rebuild old, wobbly handpieces so they equal new ones? Our experts remove worn out parts and starting with the empty housing rebuild completely. New parts and bearings are individually "lapped in" to a fine micrometer fit . . . for perfect, smooth, silent operation. Do more pain-free work . . . and in less time! All Mullen Bros. rebuilt jobs fully guaranteed for service good as new. Straight Handpieces Re-Built \$10.00; Angles Re-Built \$4.45

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Save and send worn out burs. Only those that meet exact specifications are selected. Finest tools and machinery are used by expert craftsmen to grind them a size smaller. For smooth, fast cutting burs, as good as new, mail some today. \$4.10 per gross. (Introducing four dozen \$1.00)

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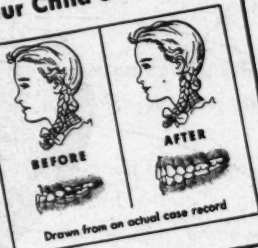
CLASS 3 MALOCCLUSION

One of a Series of Pepsodent Messages to the Public



Protruding Chin Spoiling Your Child's Profile?

This little girl's looks were being spoiled . . . her lower teeth extended far beyond the uppers! Fortunately, her parents consulted a dentist *early* . . . while features were still forming. And he was able to bring her teeth and jaw back into normal position . . . improving her looks enormously. So watch your child's teeth . . . especially during the growing years. Visit the dentist *early* and insist upon daily brushing with Pepsodent Powder.



Pepsodent's 180 million messages on this subject demonstrate that it's wise to see a dentist early

Pepsodent is convinced its own progress is closely linked with the dental welfare of the nation. Because of this, every Pepsodent Tooth Powder advertisement includes an educational panel—telling the public of the scope and nature of modern dentistry.

Class 3 Malocclusion is one subject that has been presented in more than 180 million Pepsodent messages. In the advertisements, this subject is treated in general terms and in informal language, with emphasis on early treatment.

Such educational work is aimed at benefiting every person it reaches . . . and, naturally, every dentist.

"See your dentist twice a year" is the slogan originated by Pepsodent and featured in its advertising for 18 years.

Pepsodent

DIVISION OF LEVER BROTHERS COMPANY

PEPSODENT TOOTH PASTE • PEPSODENT TOOTH POWDER
PEPSODENT TOOTH BRUSH • PEPSODENT ANTISEPTIC
Products of Lever Brothers Company

Look for



PREMIER DENTAL PRODUCTS COMPANY



the red dot!

The red dot on the shank of Premier Diamond Points, Wheels and Disks is a distinguishing mark by which you can easily identify these excellent instruments.

Premier Diamond Instruments are designed for prolonged, efficient service. More diamonds are used within a given area. They are evenly distributed and uniformly embedded in a hard steel body. They cut faster and cooler while the instrument itself is given least possible abuse and wear. The method by which the diamonds are embedded is so efficient that the instruments are as permanent as the diamonds themselves. The shape of the instrument is maintained throughout prolonged use.

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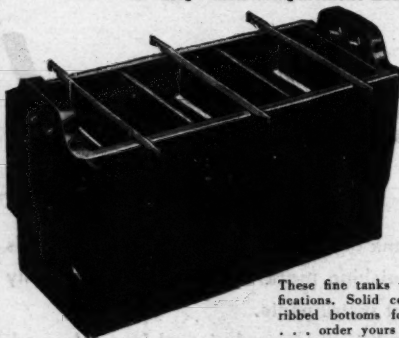
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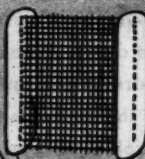
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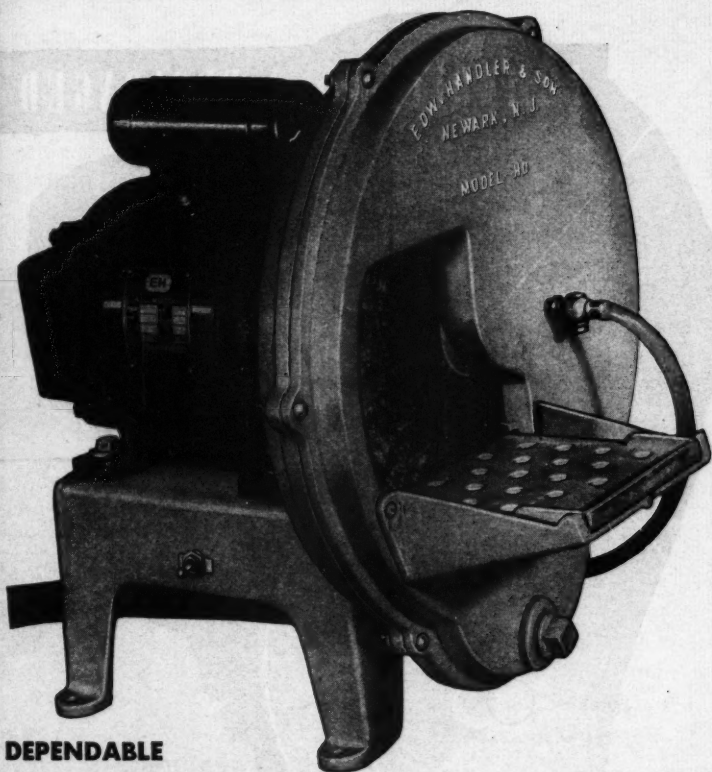
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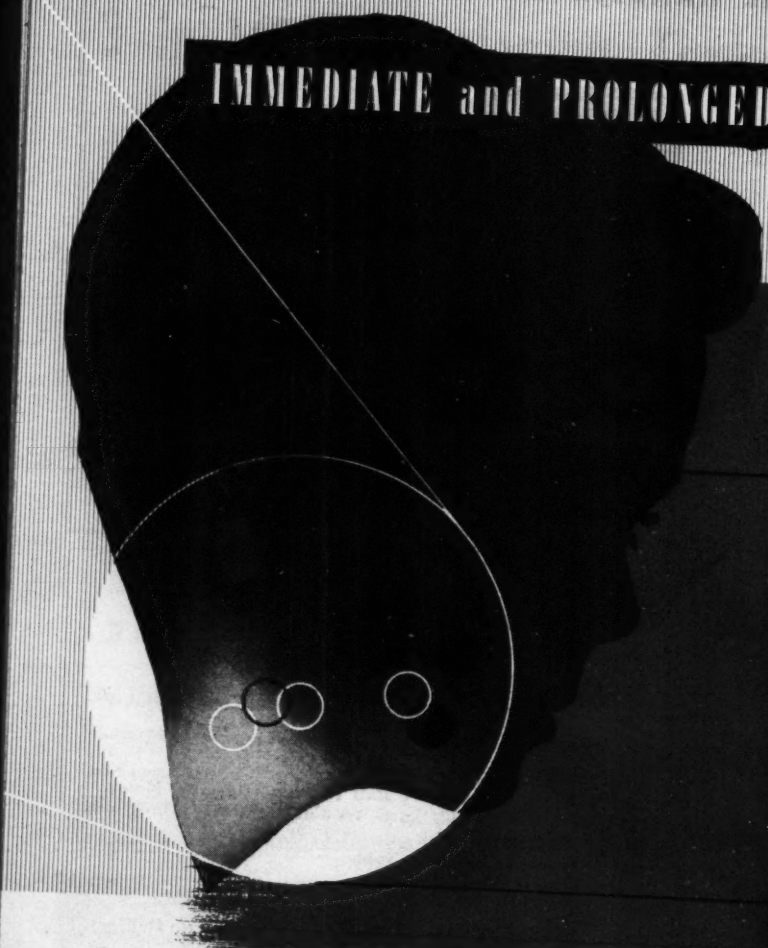
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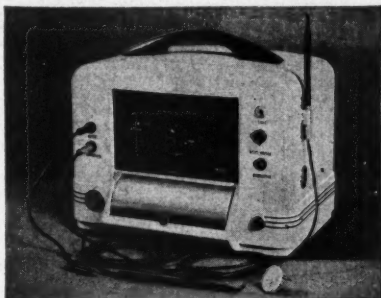
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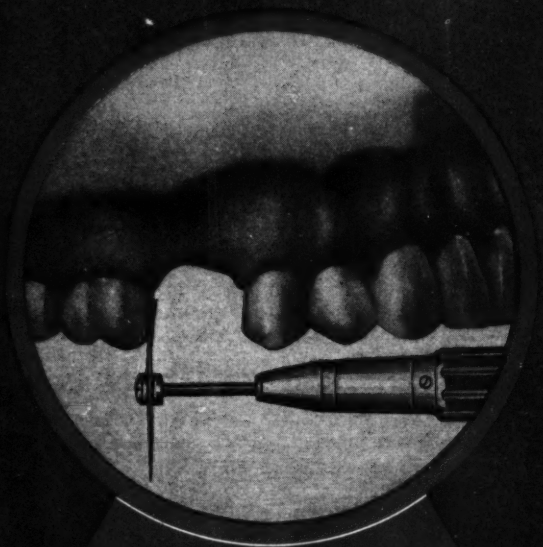


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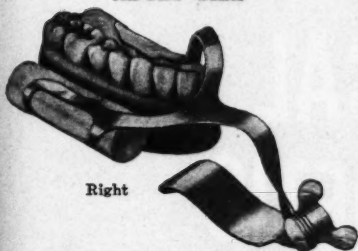
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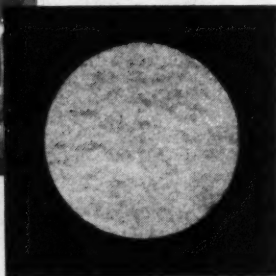
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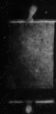
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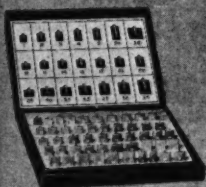
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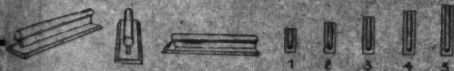
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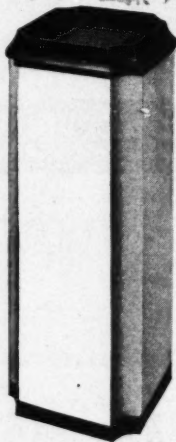
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Ht. 25"; 9" Square

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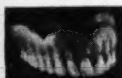
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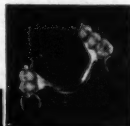


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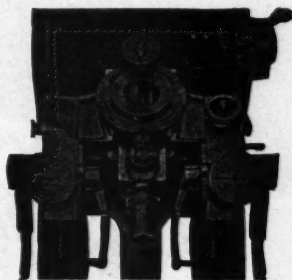
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Jackson's Orthodontia & Orthopaedia of the Face with Removable Appliances—may be reprinted if a sufficient number are interested. If you are, please register your name with Chester T. Sweet, 152 W. 42d St., New York 18, N. Y.

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Special Formula
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NON-PRESSURE
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Smooth and pleasant to taste . . . a boon to "gagging" patients.

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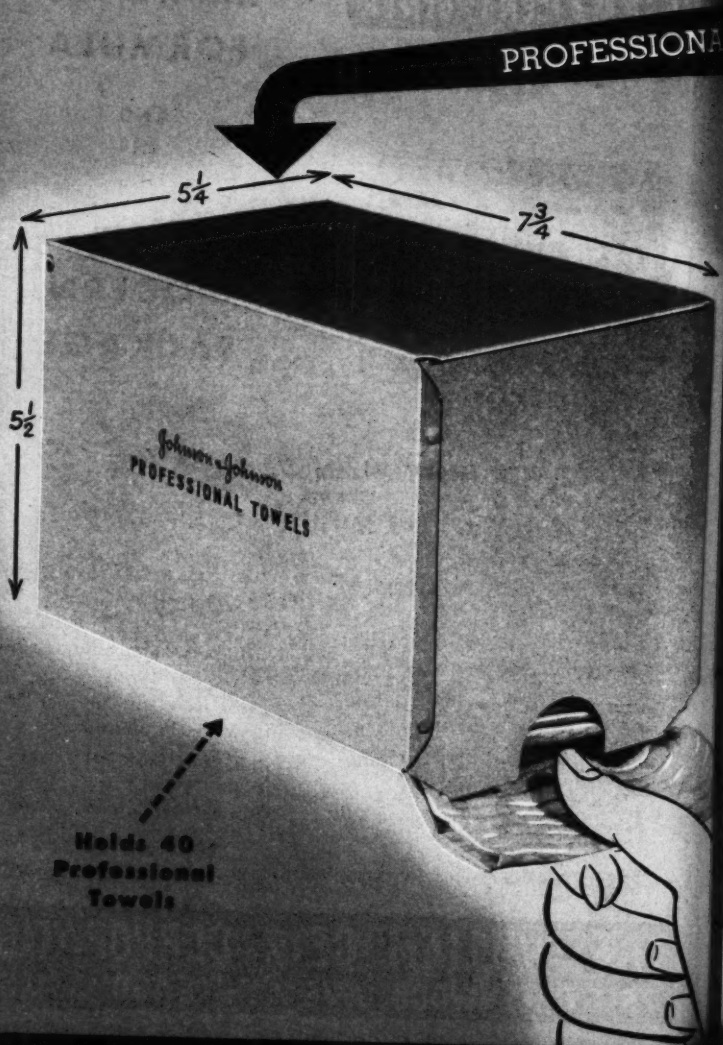
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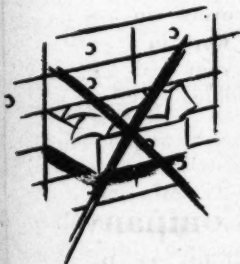
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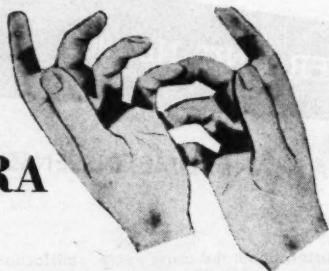
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MODELS SMARTLY
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Sizes 12-42

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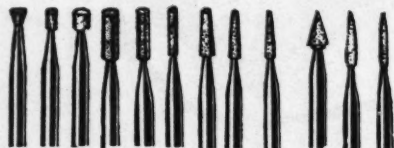
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266
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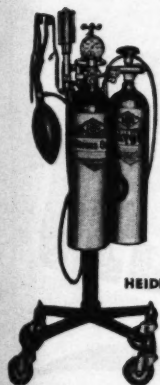
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STEP No. 1

Adjust breathing device



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The magnification of the end shows deep slanted corrugation for resistance to displacement . . . a reinforcing rib that extends well down to the spur for added strength.

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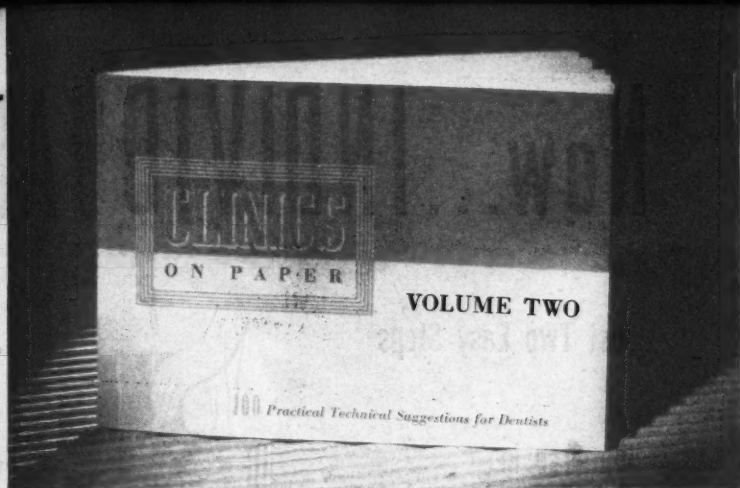


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with my compliments.*

*It's too bad every dentist does
not know of this clever helpful
publication.*

Many thanks

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██████████

Dental Digest

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Dr.

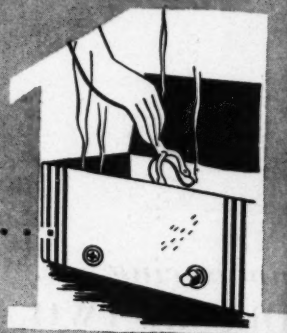
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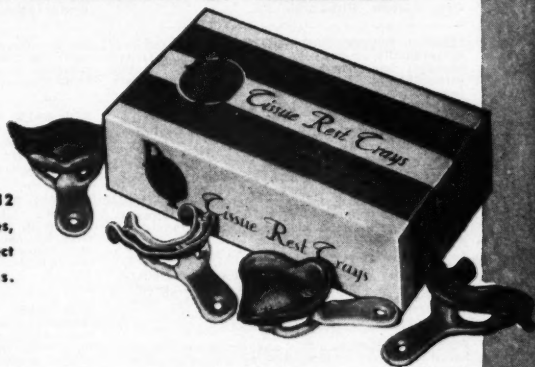
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RETURNED VETERAN is interested in a joint practice, or taking over a retired dentist's office located either in Oklahoma or Missouri. "291" Oral Hygiene, Pittsburgh, Pa.

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FOR SALE: Completely furnished dental practice; operating room, laboratory, dark room, office and reception room. Located in northwestern Ohio village with population of six thousand. Grossed twenty-two thousand last year. "293" Oral Hygiene, Pittsburgh, Pa.

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FOR SALE: Two-chair high class office with x-ray room; specializing extraction and dentures. Established twenty years in same location in northern Ohio industrial city. Retiring on account of health. "295" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Dental practice in Rochester, N. Y., by veteran retiring due to disability. New Ritter Unit, x-ray, and sterilizer included in complete equipment. Can be nearly financed by G. I. loan. "296" Oral Hygiene, Pittsburgh, Pa.

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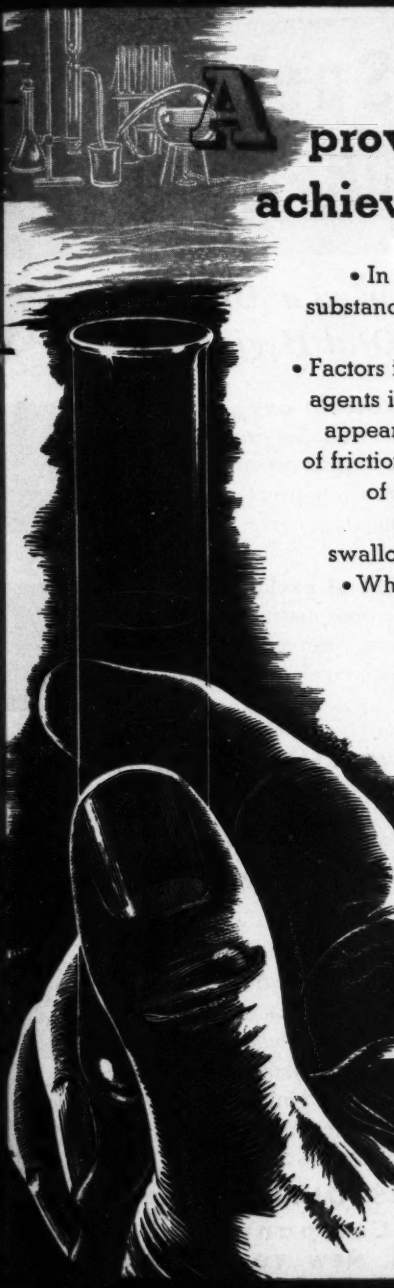
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WANTED: Intra-Oral Fluoroscope; Meco or any standard make. "307" Oral Hygiene, Pittsburgh, Pa.

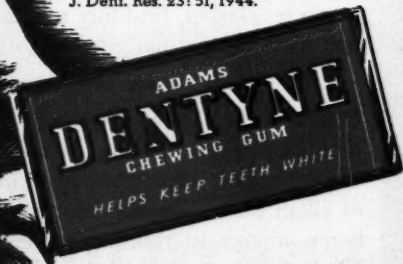


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1. Knighton, A. T.: J. A. D. A. 29: 2012, 1942.

2. Turesky, S. S. & Bibby, B. G.:
J. Dent. Res. 23: 51, 1944.



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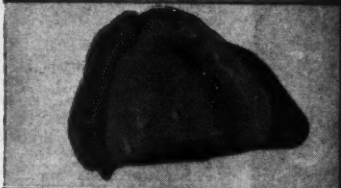
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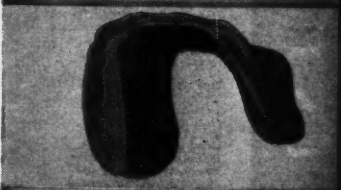
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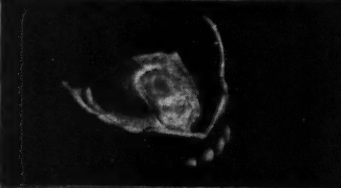
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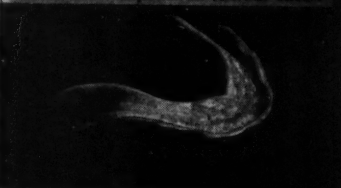
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